the Canadian Nurse

VOLUME 59 • NUMBER 6

MONTHLY

JUNE 1963

MENTAL CONCENTRATION:
A PSYCHOLOGICAL SKILL

THE PREVENTION OF MENTAL RETARDATION

PATIENT-CENTRED DIET THERAPY

OWNED AND PUBLISHED BY

THE CANADIAN NURSES' ASSOCIATION

'TERYLENE'

weaves the future into today's uniforms... with "Wonderama"!

The First Ever 100% Terylene Woven Pucker.

Airy and fresh, it's a luxurious crinkle-crisp finish developed exclusively for WHITE SISTER uniforms. "Wonderama", it's the newest wonder! So cool-looking for summer and yet ideal for year long wear. The 100% wrinkle-proof, wash and and wear, true no-iron, long life qualities make it perfectly wonderful for uniforms.

Featured: Style #0817. Fresh, young looking, pleated bodice to this sheath uniform. Centre snap skirt, back kick pleat and two deep pockets. Sizes 10-20, white, blue, aqua, about $12.98.

Style #0815. High fashion details for a hidden gripper front uniform. Pearl buttoned tabs, cuffs and set-in belt. Back kick pleat, deep hip-set pockets. Sizes 8-18, white only, about $12.98.



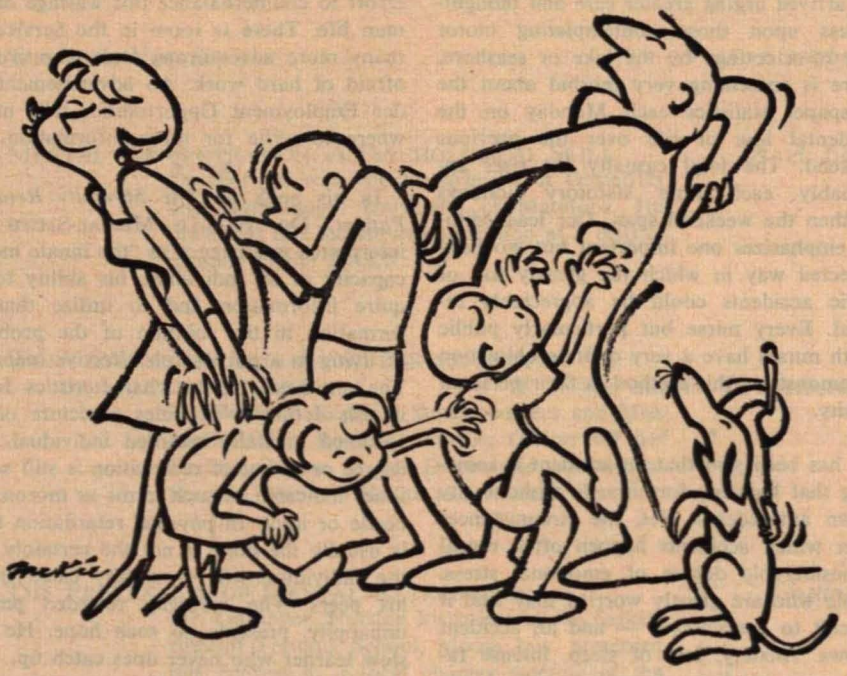
WHITE SISTER *of Course!*

C-I-L / TERYLENE*

TERYLENE!

*REGISTERED TRADEMARK. "TERYLENE" IS MADE IN CANADA BY C-I-L

scratching helps...



but Calmitol stops itching!

For every kind of pruritus—poison ivy, insect bites, heat rash, ano-genital itching—fast-acting CALMITOL soothes itching on contact, helps prevent secondary trauma caused by scratching. And low-cost, conservative CALMITOL is non-sensitizing and safe. You can recommend it even for little itchers. CALMITOL Ointment is available at all pharmacies in 1½ oz. tubes and 1 lb. jars. For more stubborn pruritus, CALMITOL Liquid (On prescription) in 2 oz. bottles.

Thos. Leeming & Co., Inc., 286 St. Paul St. W., Montreal.

CALMITOL®

for anything that itches

Between Ourselves

Perennially, as the holiday season approaches, thoughts of young and old alike turn to vacation plans. Already, literature has arrived urging greater care and thoughtfulness upon those contemplating motor trips or a cottage by the lake or seashore. There is something very morbid about the newspaper statistics each Monday on the accidental loss of life over the previous weekend. The total casualty list rises appreciably each time statutory holidays lengthen the weekend span. Our lead editorial emphasizes one important but woefully neglected way in which the ghastly toll of traffic accidents could be appreciably reduced. Every nurse but particularly public health nurses have a very definite obligation to demonstrate this method in their personal activity.

* * *

It has been said that an accident is something that happens fortuitously without any known antecedents. Yet, the circumstances under which accidents happen often reveal a considerable degree of emotional stress. People who are greatly worried may find it difficult to concentrate — and an accident follows. Anxiety, loss of sleep, intense fatigue may produce clumsiness and slower reaction time which, in turn, increase the risk of accidents.

To provide a positive technique that will induce relaxation and reduce psychological tensions, we have provided you with a full description of the process Dr. A. EARN calls "Mental Concentration." Call it self-hypnosis or anything else you wish, we wager that after a few experimental tries you will find that the brief periods of relaxation will give you a feeling of buoyancy, of relief from tension, of greater muscle control, and, with all of this, fewer accidents will result.

* * *

With this issue, the series of articles on the work of those engaged in the program of Indian and Northern Health Services is concluded. It has given us a fascinating glimpse into the many-sided efforts to provide something approaching adequate medical and nursing care under difficult, often primitive conditions. We have all heard references to the grave effects upon the health of the Indians and Eskimo of their contact with the white man. The population of both groups was seriously decimated in earlier years. The INHS is making an heroic effort to counterbalance this wastage of human life. There is room in the Service for many more adventurous souls who are not afraid of hard work. An advertisement under Employment Opportunities tells nurses where to write for more information.

* * *

In his book on *The Mentally Retarded Patient*, Dr. HAROLD MICHAL-SMITH has interpreted intelligence as "the innate mental capacity of an individual, his ability to acquire information and to utilize that information in the solution of the problems of living in a purposeful, effective manner." The antithesis of the characteristics found in this definition provides a picture of the so-called mentally retarded individual. The degree or extent of retardation is still sometimes indicated in such terms as moron, imbecile or idiot. In *physical* retardation there is usually the hope if not the certainty that the individual will eventually catch up to his peers. The *mentally* retarded person, unhappily, presents no such hope. He is a slow learner who never does catch up.

In his discussion of the numerous causes of mental retardation, Mr. F. G. GATTINGER poses still another challenge to the members of our profession. "Prevention" is the key word.

* * *

With this issue, hundreds of new subscribers in Ontario and Quebec join our mailing list for the first time. In welcoming you as subscribers we reiterate the annual message that it is *your personal responsibility* to keep the Journal informed of every change of address you make, or your change of name should you get married. While you will want to let your provincial nurses' association know about these changes, they are under no obligation to forward the information to us. So it is up to you. If your copies of the Journal do not reach you from now until next May, ask yourself — did I send my change of address? Every correction is made within two or three days of the date we receive it. To guarantee no interruption in your receipt of copies, we need as close to a month's notice as you can possibly manage.

THE CANADIAN NURSE

VOLUME 59 **NUMBER 6**

JUNE 1963

531 THE LIFE YOU SAVE *V. A. Lindabury*

533 MENTAL-CONCENTRATION: A PSYCHOLOGICAL SKILL *A. A. Earn*
Dr. Earn is with the Department of Obstetrics and Gynecology, University of Manitoba. He presented this lecture-demonstration at a district meeting of the MARN.

539 WORK AMONG THE INDIAN AND ESKIMO PEOPLE OF EASTERN CANADA *J. H. Wiebe* and *H. P. McDonald*
Dr. Wiebe is Regional Superintendent and Miss McDonald is Regional Nursing Officer for the Eastern Region of the Directorate of Medical Services, National Health and Welfare.

544 THE PREVENTION OF MENTAL RETARDATION *F. G. Gattinger*
Mr. Gattinger, Nursing Instructor at the Saskatchewan Training School, Moose Jaw, presented this address at a local chapter meeting of the SRNA.

548 PATIENT-CENTRED DIET THERAPY *S. Faust*
Mrs. Faust is Clinical Instructor in diet therapy at St. Boniface General Hospital, St. Boniface, Man.

550 HOW TO USE AGENCIES *I. Young*
Miss Young is Executive Assistant, Health Section, Montreal Council of Social Agencies.

560 SCHOOL CLINIC *E. Harper*
Mrs. Harper was the nurse in a residential school in England.

561 THE DECISION *A. Dugas* and *M. E. Dorman*
Miss Dugas and Miss Dorman were students at St. Paul's Hospital School of Nursing, Vancouver, when they wrote this study.

506 Between Ourselves
510 Pharmaceuticals and Other Products
512 Random Comments
555 The World of Nursing
556 In Memoriam
557 Nursing Profiles
559 Graduate to Nurse
565 About Books
567 Employment Opportunities
596 Educational Opportunities
599 Index to Advertisers

The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of The Canadian Nurse *nor of the Canadian Nurses' Association.*

Executive Director and Editor: Margaret E. Kerr, M.A., R.N.

Associate Editor: Jean E. MacGregor, B.N., R.N.

Assistant Editor (English): Virginia A. Lindabury, B.Sc.N., R.N.

Assistant Editor (French): Claire Bigué, B.Sc., Ed. Inf., I.L.

Circulation Manager: **Winnifred MacLean**

Subscription Rates: Canada and Bermuda: 6 months, $2.25; one year, $4.00; two years, $7.00.

Student nurses — one year, $3.00; three years, $7.00.

U.S.A. and Foreign: one year, $4.50; two years, $8.00.

Single copies: 50 cents each.

For the subscribers in Canada, in combination with the *American Journal of Nursing* or *Nursing Outlook:* 1 year: $10.00.

Make cheques and money orders payable to The Canadian Nurse.

Change of address: Four weeks' notice and the old address as well as the new are necessary.

Not responsible for journals lost in mail due to errors in address.

Authorized as Second-Class Mail by the Post Office Department, Ottawa, and for payment of postage in cash. Postpaid at Montreal.

RETURN POSTAGE GUARANTEED

1522 Sherbrooke Street West, Montreal 25, Quebec

SHOE DRESSING CONTEST

FOR CANADIAN NURSES ONLY

FIVE MONTHS: APRIL! MAY! JUNE! JULY! AUGUST!





16 GRAND PRIZES

FOR A CONTEST WIND-UP

A Gruen precision, nurse's model watch. Two Scripto ball-point pens, and a clinical thermometer — all in an elegant jewellery box. A complete professional set.

PLUS

40 PRIZES EVERY MONTH

Two Scripto ball-point pens and a clinical thermometer — The Nurse's Ward Set.

We believe you will find "IT" MICRO WHITE or "IT" WHITE SCUFF SHINE the best white shoe dressing you have ever used. We want you to try them.

"IT" MICRO-WHITE
"IT" SCUFF SHINE



ENTER NOW, ENTER AS OFTEN AS YOU LIKE

THE SIMPLE RULES

1. Fill out the coupon below.
2. Send the coupon with one box top from either "IT" MICRO WHITE or "IT" SCUFF SHINE (White) to the "IT" Company Ltd., 18 Medulla St., Toronto 18, Ontario.
3. Each month 40 names will be drawn.
4. The lucky winners will be asked to answer a standard question about nursing to qualify for their prizes.
5. Entries for each month are those postmarked before 12:00 midnight on the last day of the month.
6. About September 1st, 16 extra draws will be made from all the entries. These will qualify for the GRAND PRIZES.

THAT'S ALL THERE IS TO IT!

ENTER NOW!

FILL OUT THIS COUPON AND MAIL IT TO:

THE "IT" COMPANY LTD.
18 MEDULLA ST.
TORONTO 18, ONTARIO

Please enter my name in the "IT" LUCKY DRAWN CONTEST. I enclose an "IT" MICRO WHITE ☐ or "IT" SCUFF SHINE (White) ☐ box top.

Name

Address

City

Province

Present practice (hospital or other)

Pharmaceuticals

and other products

BROPENE OINTMENT (NORDIC BIOCHEMICALS)

Indications—For the topical treatment of fungus infections of the skin, scalp and nails, and in the dressing of minor cuts and skin abrasions.

Description—An antiseptic ointment containing cetyl pyridinium bromide and citral, in a polyethylene glycol base.

Administration—Apply lightly to affected area once or twice daily. In secondary infections and wounds, apply more liberally, covering with a light dressing.

Also available in lotion form.

OTRIVIN (CIBA)

Indications—For the symptomatic relief of nasal congestion commonly associated with colds, hay fever and sinusitis.

Description—An effective topical vasoconstrictor that decongests and drains engorged nasal mucosa without irritation. Relief is prompt and lasts from 4 to 6 hr. Side-effects are rare.

Administration—***Nasal Solution:*** 2-3 gtt. in each nostril q.3-4 h. ***Nasal Spray:*** Spray once or twice into each nostril q.4-6 h. ***Pediatric Solution:*** Children under 6 yr. 1 gtt. in each nostril q.4 h. Children 6-12 yr.: 2-3 gtt. in each nostril q.4. h.

OXAINE M (WYETH)

Indications—Provides prolonged relief of pain in chronic gastritis, chronic esophagitis without stricture, hiatus hernia, the irritable bowel syndrome and peptic ulcer.

Description—An orange, coated tablet containing 7.5 mg. oxethazaine in alumina gel with magnesium hydroxide. The gastric mucosal anesthetic, oxethazaine, provides the direct relief of pain; magnesium hydroxide counteracts the tendency to constipation; aluminum hydroxide gel provides antacid and soothing demulcent effects.

Administration—One or two tablets q.i.d. 15 minutes a.c. and h.s.

PROLIXIN (SQUIBB)

Indications—For the management of anxiety and tension states, severe mental disorders, and behavioral problems in children.

Description—A trifluoromethyl phenothiazine derivative, available for oral and intramuscular use. Prolixin, the most potent of the available phenothiazines, is therapeutically effective without causing excessive sedation.

Contraindications—Prolixin Injection should not be given to patients with suspected or established subcortical brain damage since a hyperthermic reaction may occur.

SUSTAGEN (MEAD JOHNSON)

Indications—A therapeutic nutrient useful when a weight gain is desired.

Description—Chocolate or vanilla flavored Sustagen can supply all or part of the patient's nutritional requirements. It is high in protein, low in fat and cholesterol.

Administration—***For oral use:*** 2/3 cup of Sustagen powder mixed with 2/3 cup of water makes one 8 oz. glass (390 calories) of Sustagen beverage.

Caution—Vanilla-flavored Sustagen must be used for nasogastric tube feeding.

THERAGRAN HEMATINIC (SQUIBB)

Indications—For the treatment of iron-deficiency anemias and other nutritional deficiency states.

Description—Each tablet contains all of the known anti-anemia factors plus related vitamins and minerals.

Administration—***Adults:*** Therapy may be initiated with one tablet t.i.d. Dosage may be lowered or increased according to the response of the patient.

WARFILONE (FROSST)

Indications—Whenever anticoagulant therapy is indicated, as in myocardial infarction, thrombophlebitis, phlebothrombosis, arterial embolism and thrombosis, angina pectoris and pulmonary infarction.

Description—Each scored tablet contains Warfarin Sodium USP, 5 mg. or 10 mg. Therapeutic levels are reached in 12-36 hr.; coagulation activity returns to the initial value in 36-72 hr. after stopping treatment.

Administration—***Initial dosage:*** 40-60 mg. This dosage should be reduced for older patients. ***Maintenance dosage:*** 5-10 mg.; dosage may be as low as 2.5 mg. or as high as 20 mg.

The Journal presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.



with medicated

dermassage*

skin refreshant and body rub

On every ward, when you turn out the lights, some one wakes up . . . and wakefulness thrives on minor irritations. Skin discomfort, particularly, can disturb your patients during the nighttime hours. But as nurses in thousands of hospitals know, a body rub with Dermassage may add that one welcome touch of relaxation which tips the balance in favor of rest and sleep.

Dermassage comforts, cools and soothes tender, sheet-burned skin. It relieves dryness, cracking and itching and helps prevent painful bed sores.

You will like Dermassage for other reasons, too. A body rub with it saves your time and energy. Massage is gentle, smooth and fast. You needn't follow-up with talcum and there is no greasiness to clean away. It won't stain or soil linens or bed-clothes. You can easily make friends with Dermassage—send for a sample!

"SEE IF YOUR HANDS DON'T TELL YOU THE DIFFERENCE"

Now distributed in Canada by LAKESIDE LABORATORIES (CANADA) LTD.
1875 Leslie Street, Don Mills, Ontario

*trademark



In and about any good hospital, or with a gathering of nurses, did you ever notice how BLAND'S uniforms stand out? They look so crisp and white and always fit so beautifully.

You may have a catalogue if you will write.

BLAND & COMPANY

2048 UNION AVENUE
MONTREAL, CANADA

Random Comments

Dear Editor:

Enclosed you will find a poem that I wrote in 1943 as a tribute to a young student nurse who cared for me when I was a patient in hospital. I thought that it might be of interest to you.

(Mrs.) JEAN LOFTHOUSE, R.N., Ontario

TO A STUDENT NURSE

Here as I lie, with time to dream and muse,
I think her charm and beauty first I see;
Then, when my needs are greater, and I use
Her intellect, *that* is what most appeals to me.
What could it be that in her tender years
Caused her to made this field of work her choice?
A lesson learned, God-given insight, or
A nurse, her friend with kindly cultured voice?
She's now to hear a newborn's lusty cry
With loving parents then to celebrate.
In contrast, though, we now on her rely
To cheer and comfort if in grief we wait.
What glorious fields of conquest lie ahead
I could not in my humble way suggest;
But this I know, she serves me at my bed
And here she gives her very, very best.
But when three years of service she has filled,
Each phase so planned to fit her for her task,
I'll venture she'll be competent and skilled
Aiding physicians, and giving what they ask.
Though words do fail to tell what I would say
My thoughts of her I've tried to put in verse,
Knowledge she has and wisdom for today.
God give her strength, my Young Canadian Nurse.

Dear Editor:

I would like to take this opportunity to say thank you for our fine magazine. To those of us not actively engaged in nursing, it holds a wealth of up-to-date information.

Could we have more actual patient care studies? Each edition devoted to one branch of nursing is excellent, but many of us can remember nursing care and treatments so much better if we associate them with a patient we have known or are introduced

to through a study. I personally enjoyed the "Motor Scooter Case," (July '62) having nursed the youngster for some weeks.

I have felt too, after reading a number of the articles, that the authors have dealt in a most scholarly manner with their subjects, having given us the latest developments in the treatment of disease, and shown the very real place for nursing. They do all this, but very few ever emphasize the need for a healthy spiritual state in the patient's life as a prerequisite to his well-being. We have all met the patient who did not recover from a curable illness simply because he had no wish to recover. Then, too, the need for the nurse herself to have firm religious convictions is often overlooked. Perhaps a discussion of the coöperation of the clergy and the nursing staff would prove thought-provoking.

(Mrs.) F. B. HARDY, Alberta

Dear Editor:

I enjoyed the article "Job Satisfaction in Hospital Nursing" by C. A. Smith in the February issue. I am sure many such research articles are written by nurses attending university schools of nursing. It is unfortunate that more of these articles are not submitted for publication.

MARION SMITH, B.C.

Film Listings

Congenital Malformations of the Heart Part 1 — Development of the Normal Heart

A 15-minute colored film illustrating the earliest development of the cardiac tube, formation of the atrium and cardiac loop, septa, etc. The fetal circulation is explained by animated diagrams.

Cystic Fibrosis

A 32-minute colored film that describes the disease, the systems affected by it, diagnosis, treatment and prognosis.

These films may be rented by professional audiences — doctors, nursing schools, dentists, and other allied groups, from: Canadian Film Institute, 1762 Carling Ave., Ottawa 13, Ont.

* * *

The Canadian Nurses' Association has donated $2,000 to the ICN to assist presidents of some of the member associations to attend the Board meeting to be held in Geneva from August 5-10, 1963.

— *ICN Press Release*

NOW! the only antidiarrhoeal in convenient tablet form ...

AROBON TABLETS!



A major problem in treating diarrhoea has always been the inability of the patient to co-operate by taking liquid antidiarrhoeals at prescribed intervals. Now, new AROBON tablets not only offer a far superior antidiarrhoeal, containing carob flour which is more effective than pectin, but AROBON tablets are completely safe, non-toxic, pleasant-tasting, and convenient to carry in purse or pocket. They can be taken on the street, at work, or while travelling. Results are uniformly effective within hours.



Packed in tubes of 12 tablets each, AROBON is available at all drug stores without prescription. AROBON tablets are widely recommended by physicians for mild or moderately severe diarrhoea conditions in adults and children. You can use, and recommend AROBON tablets with confidence!

QUALITY NESTLÉ SECURITY

NESTLÉ (CANADA) LTD.

Professional Products Division

27 Carlton Street, Toronto 2 Ont.

As Essential As Your Uniform!

Cash's WOVEN NAMES

- for marking all uniforms, clothing and other belongings.
- Permanent, easy identification. Avoid losses.
- Easily sewn on or attached with No-So Cement.

FROM DEALERS OR CASH'S, 2120 CABOT ST., MONTREAL 20, Que.

Cash's Names
12 doz. $3.50
9 doz. $3.00
6 doz. $2.40
3 doz. $1.80

U.S. HOSPITAL OFFERS STAFF POSITIONS WITH MANY EXTRAS

Live and work in the friendly, progressive atmosphere of a 300-bed suburban hospital in a pleasant residential setting.

Conscientious, qualified nurses offered choice of responsible staff positions with hospital and community benefits. Recent registration in most Provinces acceptable when applying for Connecticut registration by reciprocity.

- Choice of services.
- Advancement opportunities.
- Educational assistance program.
- Ample recreational facilities including beaches, golf, tennis.
- Accessibility to New York City's theaters, concert halls, etc.
- Housing available.
- Health benefits and retirement program.
- Salary commensurate with experience and ability.
- Travel allowance.

Write for information:

MISS BEATRICE STANLEY, R.N.
DIRECTOR OF NURSING
THE STAMFORD HOSPITAL
STAMFORD, CONNECTICUT

The surest way to prevent war is not to fear it.

— JOHN RANDOLPH

* * *

I never found the companion that was so companionable as solitude.

— H. D. THOREAU

* * *

The man who has not anything to boast of but his illustrious ancestors is like a potato — the only good belonging to him is underground. — THOMAS OVERBURY

Gastric Antacids Evaluated

A 147-year-old antacid preparation called Seidlitz Powders has been evaluated in the laboratories of Columbia University's College of Pharmacy along with a wide range of other commercially available gastric antacids. Seidlitz Powders was found to have considerably greater acid neutralizing and buffering capacities than any of its modern day counterparts.

In this study, antacids were divided into two major product types: effervescent and non-effervescent. It was demonstrated that the effervescent types were superior in buffering capacity and acid neutralization to the non-effervescent types. Of the effervescent antacids, Seidlitz Powders neutralized almost three times more acid than any of the others on a dosage basis. An unexpected result of this study is the finding that solid, non-effervescent antacids containing compounds of aluminum, calcium or magnesium were inhibited in their activity by the presence of polypeptides of the type found in human gastric fluids. The liquid and effervescent forms of antacids exhibited no diminution of activity in the presence of these polypeptides.

Old Cupid still sports a sharp eye: About 1,549,000 couples marched to the altar in the United States in 1961. This was an increase of 1.4 per cent over 1960's marriages.

In Canada, the path was not as smooth. In 1961, marriages decreased to the lowest level in 10 years, with only 128,475 couples venturing into matrimony.

The marriage rates of the two countries in 1961 were 8.4 per 1,000 population (including the Armed Forces overseas) for the United States, and 7.0 per 1,000 for Canada.

Seven of the 10 Canadian provinces had fewer marriages in 1961 than in the year before. Newfoundland had a substantial increase of 6.5 per cent; the increases in Nova Scotia and New Brunswick were less than 2 per cent. Prince Edward Island had the largest relative decrease, namely 10 per cent. Ontario marriages fell from 45,855 in 1960 to about 44,400 in 1961, a 3 per cent decrease.

— Metropolitan Life Insurance Company

ONE STOP

FOR PATIENT SAFETY



NEW!
for Foley
Catheterizations

BARDEXpak™

Now, with only one requisition needed, BARD has assembled every single item for a complete Foley catheterization in one sterile package, ready for your immediate use.

Features a preconnected, closed system with Bardex® Valve Foley Catheter and drainage tube impregnated with bacteriostats. A new concept that can significantly reduce incidence of urinary tract infection.[1]

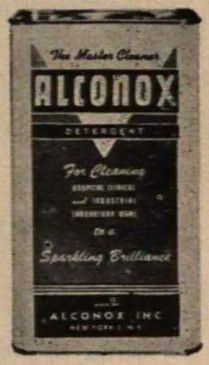
1. Desautels, R. E., Walter, C. W., Graves, R. C. and Harrison, J. H. Technical advances in the prevention of urinary tract infection. Journal of Urology, March, 1962.

For complete details, request Bard Bulletin 325R

C. R. BARD, INC. · MURRAY HILL, N. J.

INTEGRITY QUALITY BARD SERVICE SINCE 1907

628





EFFICIENT *is the word for*

ALCONOX

Ladies, we doff our hats to you! How you manage to juggle your tremendous workload and remain serene, smiling and competent is one of the great mysteries. Is one of your secrets ALCONOX?

If you haven't already discovered that ALCONOX is the world's finest detergent... that it meets the exacting requirements of hospital, medical and laboratory use... that it saves you untold time and labor... that it's considerate of your hands... THEN TRY IT TODAY and ask your supplier for the valuable FREE ALCONOX CLEANING GUIDE.

Available in 3 lb. Boxes and Drums up to 300 lbs. Also in 50-DISPENSER PACKS for Doctors' Offices, Floor Nurses' Stations, Laboratories

Our New Companion Line
H&L Spray Products
for Hospital & Laboratory

Nowhere in Canada can you match such low cost for such superior quality. H&L Products may be ordered with Alconox Products (Aloconx, Alcojet, Alcotabs).

ORDER TODAY FROM
CANADIAN LABORATORY
SUPPLIES LTD. OR YOUR DEALER



Spray Tincture of Benzoin
12 oz. Can, $2.93
Spray Room Deodorant
12 oz. Can, $2.00
Spray Skin Freeze
12 oz. Can, $2.46
Spray Tape Remover
12 oz. Can, $2.00
Spray Skin Protector
12 oz. Can, $2.45
Spray Bandage
12 oz. Can, $3.37
Even less by the dozen!
Alconox and H&L
Products, N.Y. 3, N.Y.

The population in Canada rose to 18,770,000 by the end of 1962, an increase of about 336,000, or 1.8 per cent. This represents a smaller rate of growth than Canada has experienced in the past several years.

Canada's population growth continued to be largest in the provinces of Quebec and Ontario. Each of these provinces added about 110,000 residents during the year. Increases also occurred in all the other provinces, except Prince Edward Island, but only Alberta and British Columbia showed gains of more than 30,000 residents.

— Metropolitan Life Insurance Co.

* * *

The newsletter of the Canadian Cancer Society, *Progress Against Cancer*, will keep you abreast with latest efforts of this humanitarian organization to combat one of man's worst enemies. To receive free copies regularly, apply to your local unit of the Society.

* * *

Life is a long lesson in humility.

— JAMES M. BARRIE





LACTOGEN... when breast milk fails!

LACTOGEN can be recommended as a routine formula for all infants. It is a whole milk powder, pasteurized, homogenized, spray-dried, and specially modified for infant feeding. It is indicated as a beneficial complement to, or as a replacement for breast milk. A highly successful formula with constant composition, LACTOGEN is bacteriologically safe, easy to digest, and simple to prepare. Prescribed by physicians with the utmost confidence.

INDICATIONS: When breast milk fails. ***CONTRAINDICATIONS:*** None. Natural product. ***SIDE EFFECTS:*** None. ***DOSAGE:*** See detailed literature. ***HOW SUPPLIED:*** In 1 lb. and 2½ lb. tins.

LACTOGEN is one of Nestlé's complete line of infant-formula products for every infant feeding problem.

NESTLÉ (CANADA) LTD.
Professional Products Division
27 Carlton Street
Toronto 2, Ont.

QUALITY NESTLÉ SECURITY



PELARGON

An acidified whole milk powder for normal infant feeding. Ensures balanced nutrition and growth in difficult-to-feed infants.



NESTARGEL

A natural antiemetic for the treatment of regurgitation, rumination, and habitual vomiting in infants. Not a drug. No side effects.



ELEDON

A cultured half-skimmed milk powder eminently suitable for premature, complementary, or transition feedings.



AROBON POWDER

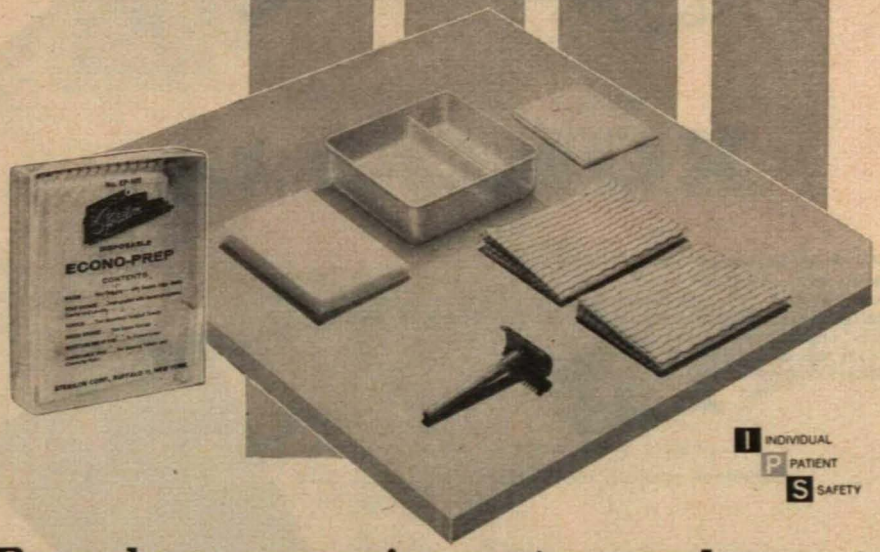
A pleasant-tasting and effective natural anti-diarrhoeal prepared from the pulp of the carob pod.

NESTLÉ . . . Symbol of Quality in Infant Nutrition Since 1865

Sterilon

ECONO-PREP KIT

READY TO USE . . . DISPOSABLE



I INDIVIDUAL
P PATIENT
S SAFETY

Prep-shave convenience at a new low cost

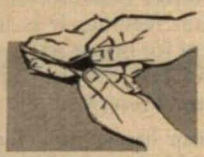
Now with Gillette Super Blue Blade

EP-105 KIT INCLUDES:

- Razor with double edge blade
- Hexachlorophene Soap Sponge
- 2 Surgical Towels
- 1 Gauze Sponge
- Moistureproof Pad
- Soaping and Cleansing Tray



ALSO AVAILABLE . . .
Sterilon's Sterile Prep Shave Kit — same as Econo-Prep Kit but with waterproof paper wrap to provide sterile field. Ask your Surgical Supply Dealer, or write Sterilon for PK-104



Ready to use without preparation by Central Supply.



Contains everything needed for Surgery Prep Shaving including Non-Clogging Razor with Double Edge Blade.



Completely disposable, eliminating the danger of Cross-Contamination after use.

Sterilon OF CANADA LTD., 1700 LEWIS ROAD/NIAGARA FALLS, ONT.

STERILON CORPORATION BUFFALO, NEW YORK/STERILON LABORATORIES FAYETTE, ALABAMA

How long should a patient maintain the Knox regimen to restore strength and beauty to fingernails?

When patients seek help for brittle, splitting fingernails, the chances are you will recall the Knox Gelatine regimen. It is important, however, for patients to understand that fingernail restoration is not an overnight process. Published data[1-5] have shown that about 90 days is the median time for replacement. Some patients will see faster results, in others a longer period of use is required. In any event, the need for continuing after the nail has grown out must be emphasized. The studies show how Knox works for 8 out of 10 patients, when followed as specified (one full envelope each day). There is evidence that capsule doses, of less than 7 grams per day, have little or no value. Patients who "Start with and stay with Knox" will see far more satisfactory results.

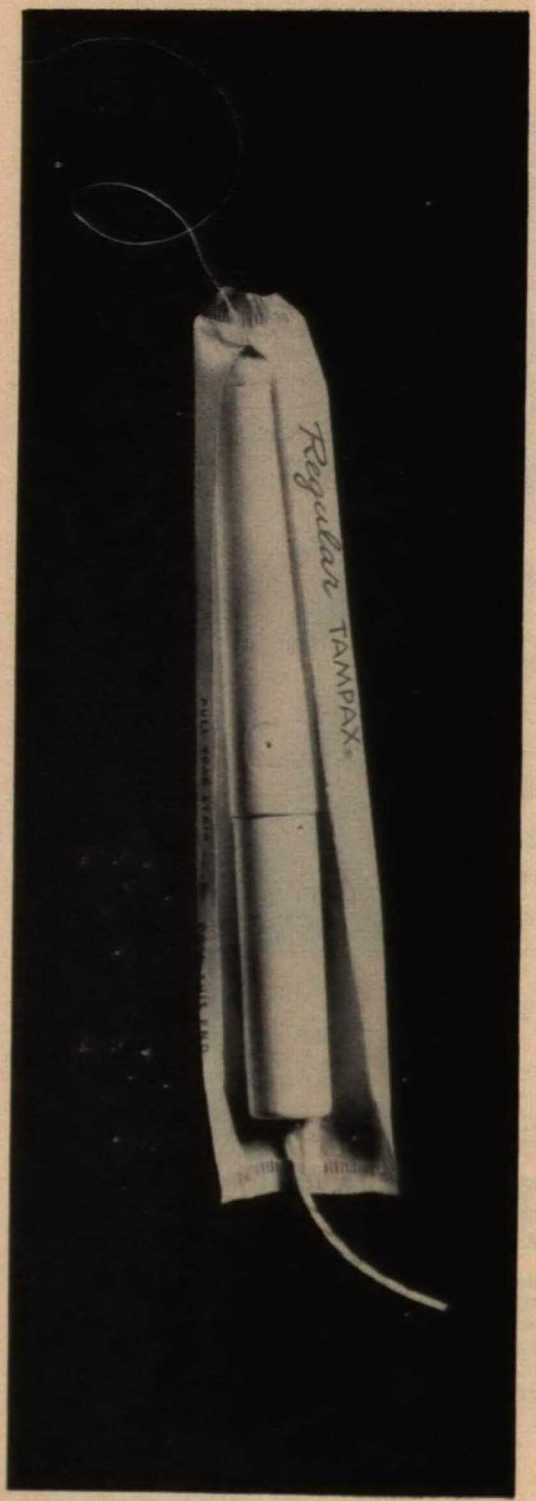


KNOX GELATINE (CANADA) LTD., Director of Professional Service, 8225 Royden Rd., Montreal, P.Q.

Please send me reprints of the studies checked:

- ☐ 1. Rosenberg, S., Oster, K. A., Kallos, A. and Burroughs, W.: A.M.A. Arch. Dermat. 76:330, September, 1957.
- ☐ 2. Derzavis, J. L. and Mulinos, M. G.: Med. Ann. D. C. XXX:133, March, 1961.
- ☐ 3. Schwinner, M. and Mulinos, M. G.: Antibiot., Med. & Clin. Therapy 4:403, July, 1957.
- ☐ 4. Rosenberg, S. and Oster, K. S.: Conn. State Med. J. 19:171, March, 1955.
- ☐ 5. Tyson, T. L.: J. Invest, Dermat. 14:323, May, 1950.

YOUR NAME AND ADDRESS_____



Even the wrapper typifies Tampax convenience

Women dislike fumbling with cumbersome menstrual protection devices. At a time when nerves are already on edge, difficulties seem to magnify with the pin-pad-belt routine. Tampax, on the other hand, is immediately available for instant use — merely pull the handy tear-thread in the linen-paper wrapper and there it is, ready for simple, efficient insertion into the vagina.

This wrapper has hygienic importance, too. Not only does it assure complete cleanliness, but it enables the user to carry spares in her handbag, or special Tampax purse container, with assurance that they will remain hygienic right up to the moment of need.

Your patients will welcome the tidy convenience of Tampax and will soon recognize, as have millions of other women around the world, its many other advantages. With Tampax, the problem of menstrual odor is virtually eliminated. It is easily disposable by flushing away, as are the container-applicator tubes, so necessary for correct and easy insertion. Bathing and showering are made aesthetically possible. Even sitting and walking are more comfortable.

If you have patients who are having psychological or emotional difficulties over menstruation, perhaps you can ease their problems by recommending Tampax. Its use, comfortable and practical as it is, can improve a woman's or girl's whole attitude toward the complex of menstruation.

Tampax is available in Junior, Regular and Super absorbencies to meet the varying needs during the menstrual period.

Canadian Tampax Corp. Limited, Barrie, Ont.

TAMPAX

Internal sanitary protection for better menstrual hygiene

Canadian Tampax Corporation Limited
P.O. Box 627, Barrie, Ont.

Please send sample booklets (plus reorder card) and a set of the classic Dickinson anatomical charts (laminated in plastic for permanence) for use in explaining menstruation and tamponage to patients. No charge.

Name _____

Address _____

City _____ Prov. _____ CN 1



Drapolex

specific for diaper rash

The success of Drapolex as a preventive and treatment of diaper rash is due to its almost specific activity against the urea splitting organisms which are known to be the causative factor of this common skin condition.

Drapolex is formulated in a pleasant water miscible base which promotes residual activity, thus preventing the liberation of free urinary ammonia.

Drapolex is quick acting, even where an ulcerated condition has developed. It also assists cleansing of the affected area.

FORMULA

Benzalkonium chloride: 0.01 per cent in a water miscible base.

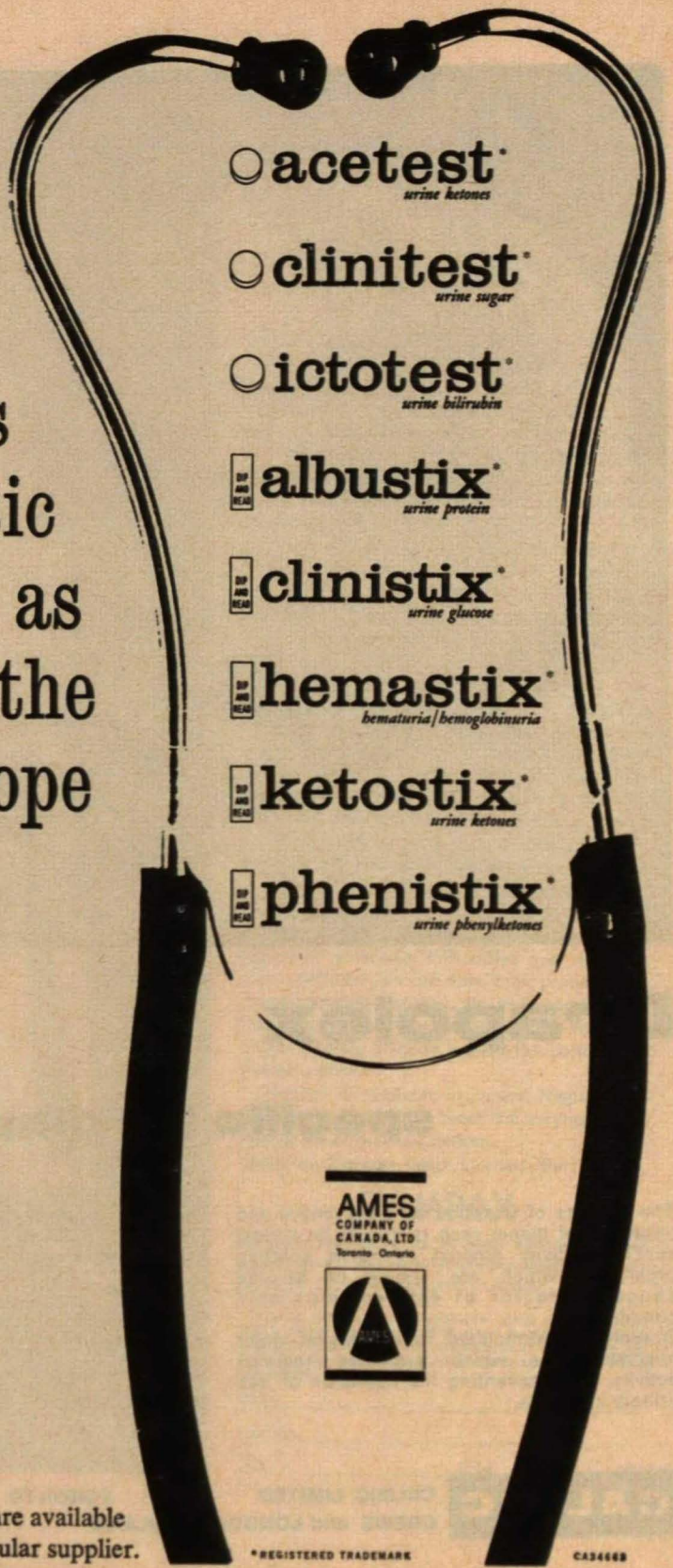
PACKS

2 oz. tubes and 1 lb. dispensing jars

CALMIC

CALMIC LIMITED . TORONTO . CANADA
CREWE and LONDON, ENGLAND . SYDNEY, AUSTRALIA

urine tests as basic as the stethoscope



acetest* urine ketones

clinitest* urine sugar

ictotest* urine bilirubin

albustix* urine protein

clinistix* urine glucose

hemastix* hematuria/hemoglobinuria

ketostix* urine ketones

phenistix* urine phenylketones

AMES COMPANY OF CANADA, LTD Toronto Ontario

AMES products are available through your regular supplier.

*REGISTERED TRADEMARK

CA34468



YOUR NAVY



YOUR ARMY



YOUR AIR FORCE

CAREER OPPORTUNITIES IN CANADA'S ARMED FORCES FOR REGISTERED NURSES

Applications are now being accepted from Registered Nurses for enrolment as officers in the Royal Canadian Navy, the Canadian Army or the Royal Canadian Air Force for duty in the Canadian Forces Medical Service.

Interesting and challenging careers with opportunity for advancement are offered to those who meet the requirements.

YOU MAY QUALIFY IF YOU ARE

A registered nurse and a current member of a Provincial Registered Nurses' Association

A woman under 35 years of age, single

A Canadian citizen, or other British subject with the status of a landed immigrant

FOR FURTHER INFORMATION—INQUIRE AT OR WRITE TO:

Your nearest Canadian Armed Forces Recruiting Centre or

SURGEON GENERAL
DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONTARIO

OUR "DEDICATED DISSATISFACTION" TO ACHIEVE THE UTMOST IN QUALITY



HAS BUILT YOUR CONFIDENCE IN BAXTER PRODUCTS

BAXTER LABORATORIES OF CANADA, LTD. is justifiably proud of its role in the Canadian pharmaceutical industry, as a pioneer and developer of parenteral solutions and administration sets and as a manufacturer of leading prescription pharmaceuticals. We thank you for your confidence and acceptance of our products over the past twenty-five years.

On this, our Silver Anniversary year in Canada, we reiterate our policy of "dedicated dissatisfaction"... the policy responsible for BAXTER's continuing leadership in the Industry and for the many "firsts" in the field of parenteral therapy. Today, the accomplishments of BAXTER LABORATORIES OF CANADA are self-evident: BAXTER solutions and accessories are physician-specified and hospital-demanded . . . a testimonial to the continual endorsement of the oldest, most widely used system of parenteral therapy.

Our "dedicated dissatisfaction" demands that we continuously expand our research and development program . . . that we constantly elevate our already-high standards . . . that we consistently adhere to the critical ideals which have made BAXTER LABORATORIES synonymous with *Leadership In Parenteral Therapy.*

QUALITY

MANUFACTURING ETHICAL PHARMACEUTICALS IN CANADA SINCE 1938

AND, WITH BAXTER, "SERVICE" IS MORE THAN A NEBULOUS WORD!
A highly trained, competent BAXTER representative is always available to assist an individual or to participate in group training programs . . . to answer questions . . . demonstrate equipment . . . to supply educational and "on-the-floor" aids . . . to arrange film showings. In short, your BAXTER man is but another reason *why* . . .

BAXTER SERVES YOU BEST... ALWAYS!

BAXTER LABORATORIES OF CANADA LTD. Alliston, Ontario

OUR SILVER ANNIVERSARY YEAR IN CANADA

Elase*

Fibrinolysin and desoxyribonuclease combined, (bovine), Parke-Davis

HELPS HEAL STUBBORN WOUNDS AND LESIONS

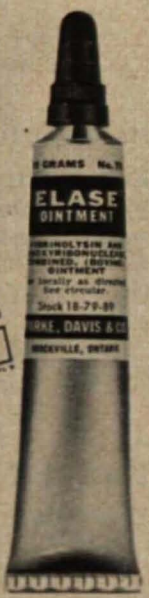
ELASE provides effective enzymatic debridement because it contains **active** enzymes which quickly lyse fibrinous material in serum, clotted blood, and purulent exudates.[1-4] While ELASE helps to maintain clean surfaces, it does not appreciably attack living tissue or have an irritating effect on granulation tissue in wounds.[1-4] ELASE is, therefore, especially valuable in the treatment of surgical wounds...burns...chronic skin ulcerations... infected wounds...fistulas...sinus tracts...abscesses...vaginitis and cervicitis...cervical erosion.

See medical brochure for details of administration, precautions, and dosage.

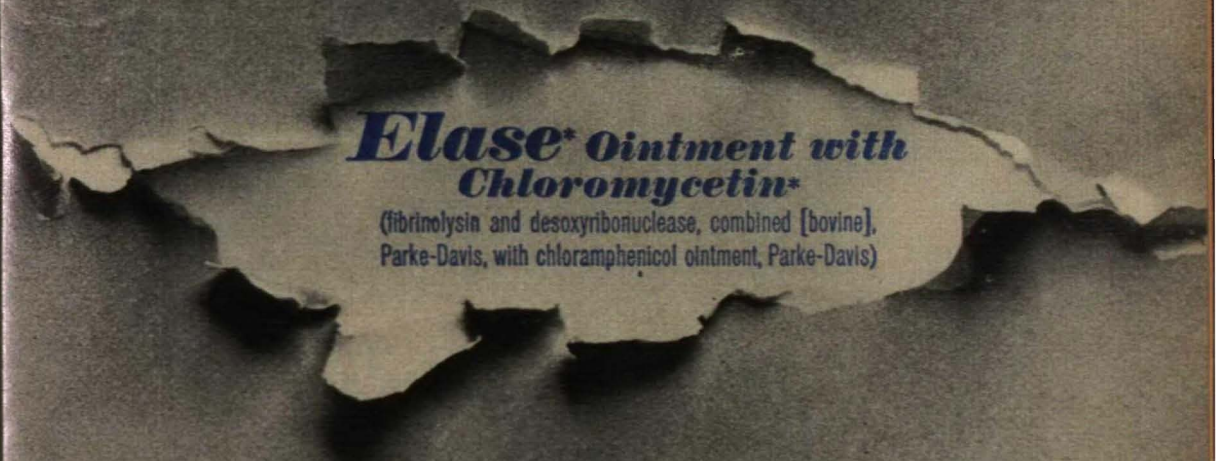
PACKAGE INFORMATION: ELASE Ointment is supplied in 10-Gm. and 30-Gm. tubes. Disposable vaginal applicators (V-Applicators®) for application of ointment from the 30-Gm. tube are available separately in packages of six. ELASE is also supplied as a dry powder in rubber-diaphragm-capped vials of 30-cc. capacity (not for parenteral use) for reconstitution with 10 cc. of isotonic sodium chloride solution.

REFERENCES: (1) Coon, W. W.; Wolfman, E. F., Jr.; Foote, J. A., & Hodgson, P. E.: Am. J. Surg. **98**:4, 1959. (2) Friedman, E. A.; Little, W. A., & Sachtleben, M. R.: Am. J. Obst. & Gynec. **79**:474, 1960. (3) Margulis, R. R., & Brush, B. E.: Arch. Surg. **65**:511, 1952. (4) Personal Communications to the Department of Clinical Investigation, Parke, Davis & Company, 1959.

PARKE-DAVIS



NEW...FOR INFECTED SKIN LESIONS



*Elase** Ointment with *Chloromycetin**

(fibrinolysin and desoxyribonuclease, combined [bovine], Parke-Davis, with chloramphenicol ointment, Parke-Davis)

TO LYSE EXUDATE... SUPPRESS BACTERIA

In a dual-purpose attack on infected lesions, ELASE with Chloromycetin Ointment provides both a debriding agent and an effective topical antibiotic. The value of Chloromycetin in infected wounds has been well established,[1-3] and ELASE has proved of particular value for prompt and virtually painless enzymatic debridement in a variety of slow-healing wounds.[4-9] Logically, the combination thus offers a two-way approach to the successful treatment of topical ulcers, infected surgical wounds, burns, and other stubborn fibropurulent lesions. This is especially true when wounds are infected by organisms which utilize a process of fibrin deposition as a protective device (*i.e.*, coagulase and the staphylococcus).

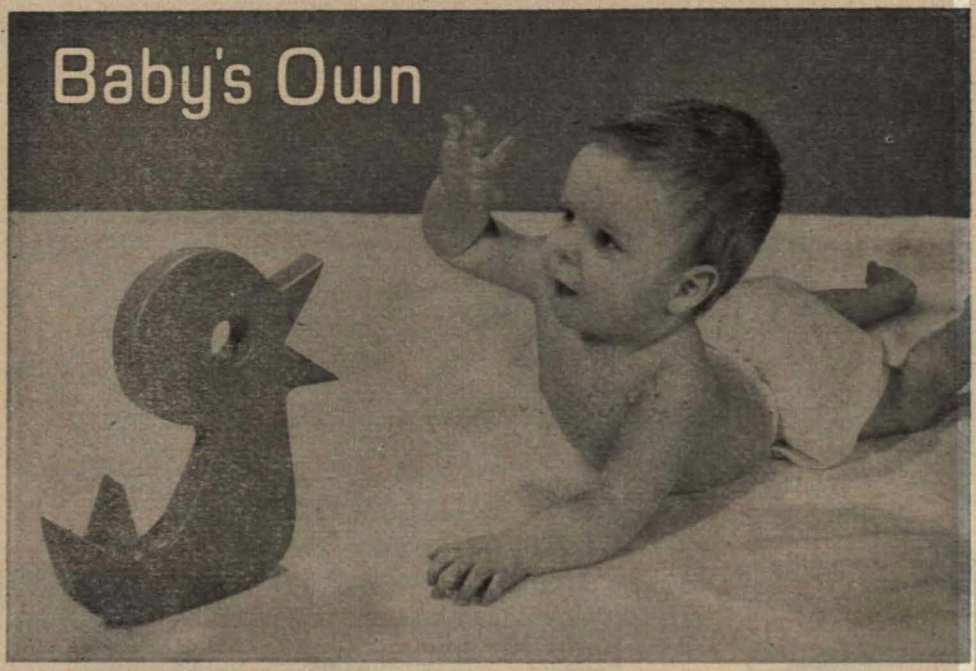
(1) Liedberg, N. C., *et al.*: *Surg., Gynec. & Obst.* 100:219, 1955. (2) Glick, H. I.; Cavanagh, D., & Kiem, I. M.: *Bull. Univ. Miami School Med. & Jackson Mem. Hosp.* 15:1, 1961. (3) Glick, H. I.; Kiem, I. M., & Cavanagh, D.: Topical Enzymatic Therapy in the Postconization Cervix, to be published. (4) Coon, W. W.; Wolfman, E. E., Jr.; Foote, J. A., & Hodgson, P. E.: *Am. J. Surg.* 98:4, 1959. (5) Unpublished laboratory data, Research Division, Parke, Davis & Company, 1959. (6) Friedman, E. A.; Little, W. A., & Sachtleben, M. R.: *Am. J. Obst. & Gynec.* 79:474, 1960. (7) Redisch, W.: *J. M. Soc. New Jersey* 59:18, 1962. (8) Personal Communications to the Department of Clinical Investigation, Parke, Davis & Company, 1959. (9) Margulis, R. R.; Ladd, J. E.; Fahey, M. F., & Walser, H. C.: *Am. J. Obst. & Gynec.* 81: 840, 1961.

CP-12963

*REGISTERED TRADEMARK

PARKE-DAVIS

PARKE, DAVIS & COMPANY, LTD., MONTREAL, 9



The duck that specialized in pediatrics

ONCE UPON A TIME there was a little duckling who came out of the water to play with little children. He became their friend. The children told him all about what they went through — with teething, babies' coughs, and so forth. And then the little duckling remembered what a wise, old duck once told him: "You're a duck, not a doctor! The only way you can enter pediatrics is as a trade mark — 'Baby's Own' trade mark".

And that's how the little duckling became a symbol of quality, dependability, and satisfaction for a whole family of famous products for babies and children.

For G.I. Upset Associated with Teething: mild laxative helps establish normal stool pattern; relieves malaise, crankiness; helps bring back good appetite, often reduces "teething tantrums".

Baby's Own Tablets
(Buffered Phenophthalein, ¾ gr.)

Pain Reliever: for prompt, symptomatic relief in colds, minor aches and pains, simple fever, youngsters willingly accept these good tasting, orange-flavored. small A.S.A. tablets.

Espirets
(Acetylsalicylic Acid, 1¼ gr.)

For Coughs of Colds, Simple Croup: specially formulated, demulcent cough syrup relieves babies' coughs due to colds and soothes tender membranes. Eases wheezing and distress. Does not upset stomach.

Baby's Own Cough Syrup
(non-narcotic)

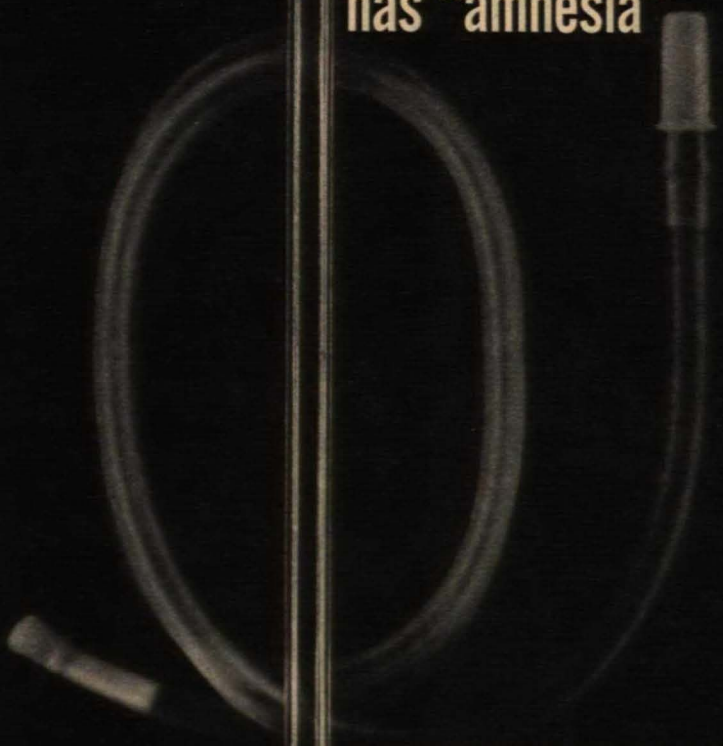
For Constipation: a true children's laxative — extra gentle, yet prompt and effective; does not upset stomach. For children from 3 to 15.

Children's Own Tablets
(Buffered Phenophthalein, ½ gr.)

FREE PROFESSIONAL SAMPLES FOR REGISTERED NURSES
Simply clip this ad, circle items you want, and mail with your name and address to:
G. T. Fulford Co., Ltd., Brockville, Ontario.

Baby's Own and Children's Own
Quality-controlled Products

this urinary drainage tube has "amnesia"



Thanks to a specially formulated plastic material, B-D Urinary Drainage Tubes lose all memory of ever having been coiled as soon as they're removed from their packages. This new soft formulation virtually eliminates twisting, turning, and kinking common to other plastic urinary drainage tubes.

Result: Greatly increased patient comfort. For the drape of rubber, with the clarity of plastic, this soft formulation is also used on all B-D Connecting Tubes.

This urinary drainage tube is only one of many B-D Hospital Tubing Sets—a complete line is at your service. Write for information, or ask your B-D representative.

a B-D DISCARDIT product

B-D

BECTON, DICKINSON & CO., CANADA, LTD., TORONTO 10, ONTARIO

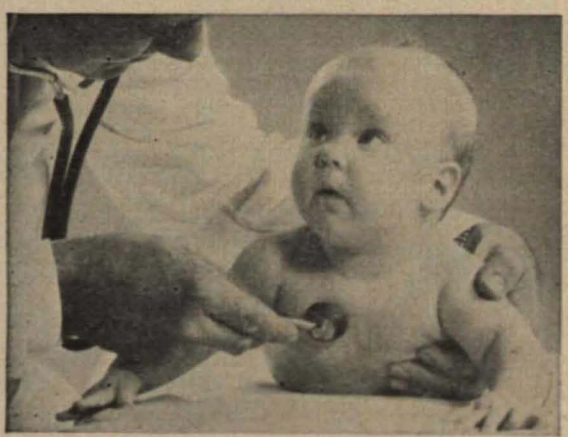
B-D AND DISCARDIT ARE TRADEMARKS

CLINICAL REPORT

SUBJECT: On a Specific Benefit of Meat in the Infant Diet

"The fact that the infants receiving a dietary supplement of meat had approximately one-half as many colds as the control subjects, and that the duration of the colds was reduced suggests that the feeding of meat to infants helps to prevent and shorten the duration of colds."

Excerpt from "Further Studies of the Use of Meat in the Diet of Infants and Young Children," Leverton, Clark, Bancroft & Copeman, Journal of Pediatrics, Vol. 40, Pgs. 765–766, '52. Available on request.



Physicians in leading universities, hospitals and research organizations have carried on a series of clinical studies, feeding Swift's Meats for Babies to young infants. Reports of these studies have led to a greater appreciation of the benefits of meat in the infant diet.



The two most trusted words in meat.

Swift's Premium

THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED IN ENGLISH AND FRENCH
BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 59 MONTREAL, JUNE 1963 NUMBER 6

The Life you Save . . .

Few nurses would deny the effectiveness of the Salk vaccine as a safeguard against poliomyelitis; few, if any, would disagree with authorities who advocate immunization for the prevention of diphtheria, pertussis and smallpox. Yet how many nurses attempt to protect themselves and others against the one menace whose death rate exceeds all types of communicable diseases combined, namely, *motor vehicle accidents?*

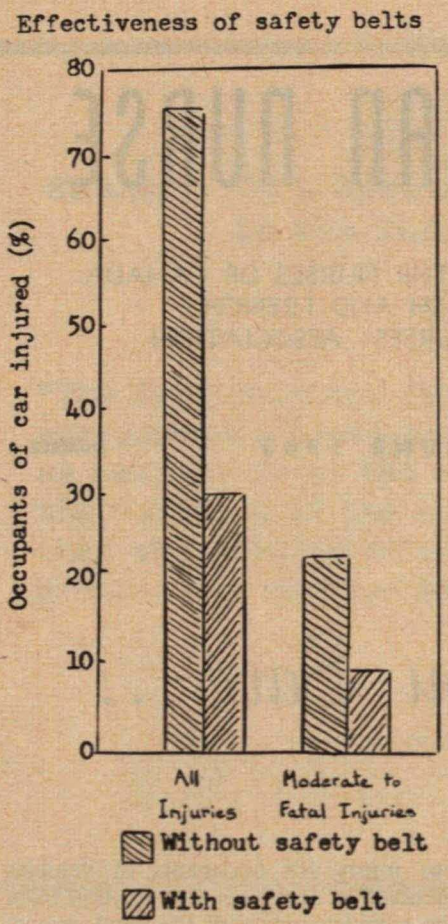
How does one obtain this protection? Some claim that the mere purchase of accident insurance virtually guarantees immunity! In reality, however, this is insufficient for most of us. We need something that has been proved effective in reducing the risk of death and injury resulting from automobile accidents. The device that meets this criterion is the *improved-type seat belt.*

The main causes of death and serious injury for occupants of vehicles involved in accidents are: ejection from the vehicle; impact of the head against the windshield; and injury of the chest against the steering wheel.* Studies have revealed the effectiveness of seat belts in providing protection against these forms of trauma. Because of this, several states across the border are making the installation of seat belts in automobiles mandatory. It is said that they will be standard equipment in all cars by 1965. In the meantime, many lives will have been needlessly lost.

It is evident that car-owners in Canada are disregarding the facts. Estimates indicate that less than 4 per cent of automobiles are so equipped. (Yet few are without radios!) The

* L. G. Norman, "Road Traffic Accidents," *WHO Chronicle*, vol. 16 (June 1962), p. 199.

reasons for this lag have not been fully determined, but a project undertaken in Atlanta, Georgia, in 1960, may reveal reasons that could be applied to most motorists:



Based on data from: Cornell University Medical School AUTOMOTIVE CRASH INJURY RESEARCH, ANNUAL REPORT. WHO Chronicle, June 1962.

Two months following a seat belt campaign directed to a group of federal employees, questionnaires were sent to those who had purchased belts as well as to those who had not. The respondents were asked to list the reasons why they had either *delayed* buying the seat belt (until the campaign); or why they had persisted in *refusing* to buy them. The major reasons for delay were: procrastination, excessive cost, and lack of knowledge of where belts could be bought and installed. The reasons given by those who had decided against the purchase included: concern about the cost or the difficulty of installation of belts, and a belief that seat belts were dangerous or of unproved usefulness.**

Various forms of communication were used in this campaign to promote seat belt sales. Not all groups were exposed to the same type, however. It is interesting to note that the group exposed to "personal sales contact" showed a more positive response than did those exposed to the more impersonal forms of communication — movies, letters, exhibits, etc.

What, then, are our responsibilities as members of a health profession with respect to this life-saving device? It is a well known fact that communication of ideas has greater effect when the individual promoting it is regarded as reliable and trustworthy — and as an authority in the particular field. Perhaps we are not traffic-safety experts, but we are — or should be — aware of the truths and untruths regarding health — its promotion and maintenance. And included in this very broad topic is accident prevention.

How many of us — and many of us drive for business and pleasure — have had seat belts installed in our own automobiles? How many of us — if we have had seat belts installed — use them, even for short trips? Surely we could set a good example to others who are not aware of, or are ignoring the facts. Members of the profession have a definite responsibility to give direction in this area. "The life you save may be your own."

VIRGINIA A. LINDABURY, B.SC.N.

** Julian A. Waller and Joseph Conte, "Seat Belt Campaign for Federal Employees," *Public Health Reports*, vol. 77 (Oct. 1962), p. 883.

When you do anything from a clear judgment that it ought to be done, never shrink from being seen to do it, even though the world should misunderstand it; for if you are not acting rightly, shun the action itself; if you are, why fear those who wrongly censure you?

— EPICTETUS

MENTAL-CONCENTRATION:

A PSYCHOLOGICAL SKILL

A. A. EARN, M.D, M.SC. (MED.), M.R.C.O.G (LONDON) F.I.C.S.

Imagine that your right arm is becoming warm and heavy and comfortable . . . your left arm is becoming warm and warmer, heavy and heavier. You are becoming drowsier and sleepier; but your mind is very much alert . . .

These instructions are part of the teaching that help an individual to achieve complete mental and physical relaxation — and ultimately self-relaxation and self-conditioning.

Introduction

Mankind has been subject to stresses and strains since recorded time. These are due to circumstances of his environment and to the inner conflicts of his personality. Such phenomena are not new. Every civilization has recognized the problem. The great religions of the world have tried to meet mankind's emotional as well as spiritual needs. Various systems have been evolved through the ages to relieve tensions. Their aims were to free the individual so that he could contribute more to his own growth and to society. Oriental examples are Yoga, Buddhism, and auto-hypnosis. Yoga develops a system of discipline through various breathing exercises; the Buddhist uses a meditative concentrative process for tranquillity; the Balinese use auto-hypnosis in their every day life.

Western civilization has developed drugs and psychosomatic techniques to relieve tensions. Examples of the former are opiates, alcoholic drinks, sedatives and tranquilizers. Psychological techniques used in the west include hypnosis, auto-hypnosis, hypno-analysis, suggestion, and progressive muscular relaxation. These have often suffered from misinterpretation and uninformed criticism. Increasing knowledge and clinical experience have made it possible to objectively evaluate each of these techniques. There is constantly increasing medical and scientific evidence that demonstrates the effectiveness of psychosomatic techniques in medicine as well as in the complexities of every day life. A recent development among modern psychological methods is *mental-concentration.*

Definition of Terms

Mental-concentration: A psychological skill in which the imagination and suggestion strengthen motivation and performance for desired goals. This skill is used by the student to produce a state of heightened awareness and purpose. First, he learns self-relaxation and then self-conditioning.

Self-relaxation: The student learns how to achieve mental and physical relaxation. With practice he can produce controlled self-relaxation at will.

Self-conditioning: Everyone knows that if the tendon below the knee cap is tapped, the leg will jump automatically. It is unnecessary to stop and think whether to raise the foot and how far it should be elevated. This phenomenon is an inborn reflex.

A conditioned reflex occurs when the individual is trained to respond to a certain stimulus in the same way. Pavlov first demonstrated the conditioned reflex. He conducted an experiment with dogs to whom he gave food immediately following the ringing of a bell. After a while the dogs would salivate in anticipation of food whenever they heard the bell, whether the bell was followed by food or not. Human beings can also be trained to re-

spond to certain stimuli in the same way. Similarly, it is possible to train oneself to react in a definite manner to an anticipated stimulus or situation. This type of reaction is a form of conditioned reflex. Being self-controlled it is called self-conditioning.

The process of self-conditioning consists of making positive suggestions in sequence during the relaxed state. Daily practice intensifies the response to an anticipated stimulus or situation. Positive suggestions made in sequence will be illustrated by case histories of specific problems.

Summary of Technique

Mental-concentration meets the need for a simple method of achieving skill in controlled self-relaxation and self-conditioning. The basic technique of self-relaxation can be taught in a single lesson to an individual or group:

The instructor directs the student to produce constant eye strain. The eyeballs are rolled upwards and fixed on a spot. Eventually the eyelids close voluntarily in order to relieve the eyestrain. A feeling of relief or restfulness ensues. The instructor then suggests that the student imagine increasing warmth, heaviness and restfulness, in each limb in turn, in the body, head and neck. After listening to these suggestions, repeated at least three times in a constant, slow, pleasant soothing monotone, the student usually experiences a state of physical and mental relaxation. At this point, the instructor suggests to the student, that the same phenomena will occur each time he practises the entire procedure, alone. Considerable skill in self-relaxation normally develops after one week of daily practice.

Self-conditioning for individual problems must be taught individually to the student concerned. Preparation for childbearing, however, is easily taught to a group of pregnant patients since they share a common situation.

The student achieves self-conditioning by making suggestions during the relaxed state. Suggestions appropriate for the students' situation are taught by the instructor during the training session. The student repeats each suggestion quietly and slowly at least three times to himself. He imagines each suggestion as he makes it. Suggestions must indicate action that is desirable and within the capabilities of the student. Two basic suggestions are always made at the end of each practice relaxation. First, that the next time he practises relaxing he will relax more quickly and more deeply; and second, that on "awakening" from relaxation he will feel refreshed and contented as from a sound sleep.

Clinical Applications

The clinical applications of mental-concentration include improvement of mental health, and relief of stress or illness. The following situations are examples:

Apparent and latent capabilities can be reinforced or developed. An increased impetus for a desired pattern of behavior can be achieved. Study techniques can be improved. Anxieties, stresses, and emotional upsets of normal life situations can be controlled. Insomnia can be eliminated. Confidence can be achieved before and during menopausal instability. During illness, the pain threshold can be raised by psychological diversion. Examples are the pain of migraine, dysmenorrhea and cancer. Certain skin conditions, allergies and asthma can be effectively controlled or improved. Mental-concentration is used to prevent suffering in childbirth. It enables the expectant mother to participate actively in her labor, with the result that she has a rich emotional experience.

Case Histories

I. Insomnia

An insomniac constantly awakened at three o'clock each morning. Sedatives were ineffective and deemed undesirable by the patient. During each daily self-relaxation period she made the following suggestions:

1. That on awakening during the night she would immediately begin concentrating on producing complete physical and mental relaxation;
2. that she would fall asleep as soon as she began relaxing;
3. that she would awaken in the morning feeling refreshed and contented as from a sound sleep.

The patient has continued practising her self-conditioning each day, and she sleeps soundly each night.

2. Study Techniques

A high school student was ill at home for two months. She conditioned herself to improve her study techniques by suggesting that she would read and summarize her lessons at an increasing pace for an hour at a time. She passed her exams and improved her standing. The improved study technique was maintained during her university career.

3. Concert Anxiety

A musician, capable of giving brilliant performances, developed an acute anxiety. She was afraid that she might play a certain note incorrectly during a recital. During each daily practice relaxation, she suggested to herself that when she gave a recital, she would feel as if she was playing alone for sheer enjoyment; and, therefore, she would become unaware of the audience. The anxiety disappeared.

4. Asthma

An asthmatic of twenty years duration went about with a supply of pills and adrenalin in her purse. She slept propped up with pillows in anticipation of an attack. Superimposed anxiety and insomnia developed just from thinking about the next attack, which consequently was more intense. The positive sequential suggestions were that asthmatic attacks would gradually become less intense; therefore her panic would subside and she would require less and less medication. In this way she would fall into a comfortable and sound sleep. The patient learned to live with her asthma. She was able to go about without a supply of pills. The insomnia disappeared and she could sleep with only two pillows.

5. Migraine

A retired British sea captain developed inferiority anxiety with each recurring attack of well authenticated migraine. He conditioned himself to convert the severe pain into a dull ache. This made life so full of promise, that he was able to serve two years at sea in the last world war.

6. Menopause

A prominent woman developed instability and lack of purpose during her menopause. She conditioned herself to participate in the drama and painting summer classes of the Banff School of Fine Arts. She returned for three consecutive summers. Her menopause receded to a minor annoyance as she developed her two latent capabilities.

7. Neuro-dermatitis

A senior nursing supervisor developed severe neuro-dermatitis following mild non-incapacitating reaction to dettol solution. The positive sequential suggestions were that her hands would become comfortably cool; therefore, she would have no desire to scratch them; thus her hands would gradually become normal and remain healthy. She has prevented recurrence of the neuro-dermatitis by constant daily practice of her self-conditioning.

8. Stress Phenomenon

An executive developed a duodenal ulcer from pressures and strains of his large enterprise. He conditioned himself daily to rationalize his anxieties. This was done during self-relaxation for a few minutes each morning and afternoon while sitting at his office desk. His ulcer became quiescent, while his work has become an enjoyment free of unnecessary anxiety.

9. Childbirth

A pregnant nurse was expecting triplets. Prenatally she conditioned herself to remain automatically deeply relaxed for her entire labor, as well as to be unaware of feeling in the birth canal and the surrounding muscles. The first infant was born as a vertex presentation. The second delivered as an assisted breech. The third, a transverse lie, was converted into a breech and extracted. One double placenta was expelled spontaneously. The remaining placenta was retained. It was removed manually. All the above manoeuvres were done without the use of general anesthesia. The patient remained deeply relaxed. She suffered no ill effects and had a rich emotional experience.

Mental-concentration Demonstration

Instruction is given in a quiet and very slow, soothing monotone.

Psychological introduction

Those of you who wish to participate in the experience of mental-concentration using suggestive relaxation, follow my instruction. Those who do not wish to participate just listen to the rest of the class receiving their teaching.

It is a well-known physiological principle that raising the eyeballs upwards and fixing them on a real or imaginary spot, will produce eyestrain. If you maintain such eyestrain, you will reach a point where it becomes impossible to hold your eyes open any longer. Therefore, your eyelids will become heavy. They will close to relieve the eyestrain. This is what will happen if you follow the instruction.

Shortly after your eyelids close, I shall ask you to imagine that your right arm is becoming warm and heavy and relaxed. I shall repeat these suggestions about each limb in turn and then about your body, head and neck. As I complete the suggestions, you will begin to recognize a feeling of restfulness and tranquillity. The purpose of the demonstration is to show that you possess the ability to relax through concentration.

If you desire to learn the technique, I can be your teacher. It is like any other skill. You can be taught to write or dance, but to become skilful requires constant practice.

Psychological preparation

Those wishing to participate in this lesson, please make yourselves as comfortable as you can in your chairs. Perhaps you would like to put your feet flat on the floor. You may find that placing your hands on your lap is a very comfortable position. This lesson is to be a learning experience. That is all it is. You will know what is going on all the time because you will hear me talking. You can participate, if you wish, throughout the entire lesson. If you wish to participate only part of the way, that is just fine. It just does not matter. You see, it depends upon you. I have nothing to do with what you propose to do.

Teaching the technique

As you are now comfortably seated, I shall proceed to teach you mental-concentration.

Without raising your head, roll your eyeballs toward the ceiling and as far backward as possible. At that point fix your vision upon a spot on the ceiling. If you cannot find a spot, just imagine one. If you wish, close your eyes, roll your eyeballs upwards and as far backward as you can, then fix your vision upon that imaginary spot. Keep your eyes fixed on that spot. It will strain your vision. As the eyestrain increases, your eyelids will become heavy. After a while they will close. You know that if your eyelids close, the eyestrain will be relieved. Following relief of strain, a feeling of restfulness or relaxation develops. Keep looking at that spot. When your eyelids want to close, just let them close. If they flicker it is a sign that they want to close. Do not bother holding them open any longer. Just let them close. If your eyes water, it is a sign that your eyes are getting tired. Thus, you can let your eyelids close. Perhaps your eyelids just want to close a quarter of the way. That is fine. They may wish to close half of the way. That is all right. Maybe they want to close all the way. That is all right. Just let your eyelids do whatever you feel you would like them to do. You can keep your eyes open just as long as you wish. It does not matter. You will find, however, that when you do close them, the eyestrain disappears, and is replaced by a feeling of restfulness and relaxation.

During the instruction to follow, only listen to what I am actually saying. Pay attention only to what I am saying at the moment. Do not bother to think about what I said a few seconds ago. Allow me to do the work for you at present. You will have to do it all in the future. This learning experience will demonstrate latent ability that you have not been using. You will find that you are able to respond to suggestion to achieve complete physical and mental relaxation.

Let your eyes close if you wish. Keeping your eyes closed, you have a nice feeling of comfort. Whatever I say to you, just imagine that you feel it. If you feel the sensation suggested, it is all right. If you do not feel it, it does not matter. Just listen to what I am saying at the time.

First of all, imagine that your right arm is becoming warm and heavy and comfortable. It is becoming warmer and heavier and more relaxed. Your right arm has a nice, pleasant feeling of restfulness, a nice feeling of warmth, of restfulness. Your right arm feels very relaxed and comfortable.

Your left arm is becoming warm and warmer, heavy and heavier. You are becoming drowsier and sleepier; but your mind is very much alert. You are very wide awake, because you can hear everything that I am saying to you; yet you can feel this nice sensation of restfulness. Your left arm is becoming warmer and heavier and more relaxed. It is a pleasant sensation of restfulness and comfort and sleepiness.

Imagine your right leg becoming warm and warmer, heavy and heavier. You are becoming more relaxed, more restful, and more tranquil. Your right leg feels very warm and very, very heavy. It is such a nice, pleasant, sensation of restfulness and relaxation.

Your left leg is becoming warm and warmer, heavy and heavier. You feel drowsier and more comfortable. It is such a pleasant sensation of tranquillity and restfulness. You can hear everything that I am saying, even though your limbs feel very comfortable and relaxed and restful.

Your entire body is becoming warm and cosy and comfortable. It is a nice, pleasant sensation of restfulness and tranquillity. You are becoming more comfortable and more relaxed and more tranquil all over.

Your head and neck are becoming comfortable and warm and heavy and relaxed.

You are very deeply relaxed, but you can hear everything that I am saying to you. Continue to keep yourself in this nice comfortable relaxed state while I continue to instruct you further.

Deepen your relaxation by concentrating on each limb in turn, then your body, and head and neck. Concentrate on your right arm and imagine that it is becoming warmer, heavier and more relaxed. Repeat this process slowly at least three times. Concentrate the same way on your other limbs in turn, and finally on your body and head and neck. In a few moments I shall instruct you further.

You can produce self-relaxation by going through this procedure daily. Practice will develop your skill to such a degree that you will be able to relax under favorable and unfavorable conditions.

Self-conditioning

Each time that you practise relaxing make the following two suggestions at the end of the relaxation: First, that the next time you practise relaxing you will relax more quickly and more deeply. Second, that when you "awaken" from relaxing you will feel refreshed and contented as from a sound sleep. Each suggestion must be repeated slowly three times. Do it now, and I shall instruct you further as you continue to remain relaxed.

I shall now illustrate a very simple form of self-conditioning. Your eyelids are becoming heavier and heavier. You are becoming drowsier, more relaxed, and more comfortable. Take three deep breaths, in slowly, out slowly; in slowly, out slowly; in slowly, out slowly. This gives you a nice feeling of comfort. Concentrate on each limb, then on your body and head and neck as you did before. Repeat the two suggestions three times. After that "wake" yourself up by opening your eyes. After you have opened your eyes you will feel refreshed and rested as from a sound sleep. You will feel as if you have been asleep a long time, because you have relaxed so completely. Since you have been relaxing, you will find that when you open your eyes, you will have this sensation of restfulness. It is the same as if you had awakened from a good long sound sleep. In other words, you will feel refreshed and rested. Now, concentrate, in the way you have been instructed, then repeat the two suggestions three times, and finally "awaken" by opening your eyes.

Conclusion

This demonstration has shown the procedure used in the technique of mental-concentration. You probably realize that you have been concentrating so as to produce self-relaxation and self-conditioning. If you are experiencing a feeling of being refreshed and rested, it illustrates a conditioning which you achieved through suggestion, while you were relaxed.

Discussion

Question: How is mental-concentration technique used in childbirth?

Answer: Mental-concentration is used as a psychological aid in childbirth. It may be used in a broad program to help promote good mental health before, during and after childbirth. It may be used simply to prevent suffering in labor.

The broad approach to childbearing is the one recommended. Prenatal education is a valuable contribution in allaying anxiety, and in promoting the best possible physical and mental health. It helps the patient to participate actively in her labor. The normal problems of readjustment in the new family unit are anticipated. Mothers' classes, sponsored by the maternal and child health departments, have all these aims. They are more important than any type of limited training for labor.

The mental-concentration program may be used as a complement to the broad program outlined above. It makes use of the education of mothers' classes; it replaces their physical training with limited psychological knowledge and preparation for self-conditioning during labor.

The patient is taught in very simple terms about the process of labor, pain in labor, the reaction of distress in labor, and psychological diversion to prevent suffering. She is told that the processes of labor consist of a long first stage of dilatation and a short second stage of expulsion. The uterus accomplishes this by regular contractions, that gradually become more frequent, last longer, and become more intense.

The majority of women do have pain in labor. It is of two types. There is pain that is bearable. This is due to the hard physical work of the uterus. The other type of pain goes one stage further and produces suffering. Training in mental-concentration conditions the patient to raise the threshold of pain and so prevent suffering in labor.

In the majority of normal labors, a reaction of distress develops towards the end of the stage, just before full dilatation of the cervix. It is due to frequent, intense, sustained uterine contractions. The distress usually lasts 15 to 30 minutes. It is important that this single point be strongly emphasized to the patient. If a reaction of dis-

tress occurs, the degree of dilatation must be confirmed and the patient informed of her progress. Recognition of the reaction of distress by the patient and the nurse will allay unnecessary suffering in normal labors.

Question: What is the difference between mental-concentration and hypnosis?

Answer: Hypnosis has not been satisfactorily defined. The scientist includes in his definition phenomena from day dreaming to the trance state. The majority of people understand hypnosis merely as the trance state, in contrast to a state of suggestibility completely under the patient's control. Mental-concentration is the latter, a suggestive technique under the student's control.

Question: Can you relax for ten minutes without falling asleep?

Answer: Mental-concentration is an active brain process. It requires voluntary continuous mental control. One is therefore awake although completely relaxed. The student can merge into a real sleep if he so desires.

Summary

Mental-concentration is an effective psychological technique that can help any individual achieve relaxation. It can be used for a variety of reasons including the relief of stress or illness and improvement of mental health. It can help to make childbirth a rich emotional experience.

References

1. Behanan, K. T. *Yoga.* New York, Macmillan Co., 1938.

2. Dawson, M. M. *The Basic Thoughts of Confucius.* New York, Garden City Publishing Co., 1939.

3. Durant, Will. *The story of civilization Part IV., The Age of Faith.* New York, Simon and Schuster, 1950.

4. Earn, A. A. "Mental-concentration: A New and Effective Psychological Tool for the Abolition of Suffering in Childbirth." *Amer. J. Obstet. Gynec.*, 83:29, 1962.

5. Earn, A. A. *Somatic Self-Control in Obstetrics.* Report to the Clinical Research Committee Sheffield Regional Hospital Board, Sheffield, England, 1958.

6. Heron, W. T. *Clinical Applications of Suggestion and Hypnosis.* 3rd ed. Springfield, C. C. Thomas, 1956.

7. Jacobson, E. *You Must Relax.* New York, McGraw-Hill Book Co., 1957.

8. Witkower, E. D. and R. A. Cleghorn, eds. *Recent Developments in Psychosomatic Medicine.* London, Isaac Pitman, 1954.

In The Good Old Days

(*The Canadian Nurse* — JUNE, 1923)

Another milestone in nursing educational progress was passed the other day when the first three nurses in Canada to be granted a degree in Applied Science (nursing) graduated at the University of British Columbia, after the five-year combination course at the university and hospital.

* * *

Staff conferences, conducted with the earnest idea of being worth while, will develop among head nurses a spirit of service and cooperation which has not always existed. It is hoped and believed they may also be a means towards establishing more permanent staff in training schools, where heretofore there has been constant change in the personnel.

* * *

An experiment in the use of electricity in pneumonia has recently been reported. The method consists of the application of plates to the chest and back of the patient and passing a current of electricity through them. The theory is that this reduces the temperature in the lungs and promotes resolution, relieving congestion. Heat to the surface, as poultices and mustard plasters, has long been used in the treatment of pneumonia. The new method intensifies the heat and carries it to the organs.

* * *

A series of 26 cases of active pertussis were treated in Boston by Roentgen ray. The age of the patients varied from three months to 40 years, and they were in different stages of the disease, from one to 10 weeks. The dosage was regulated by the age of the patient. There was definite evidence of improvement; the spasms and whoops disappeared after two or three applications in some cases, and all were relieved.

Work Among the Indian and Eskimo People of Eastern Canada

J. H. WIEBE, M.D. *and* HEATHER P. MCDONALD

By sea, air and land, INHS staff of the Eastern Region supervise the health care of the Indian and Eskimo population. One important part of their work is the annual survey conducted from the Canadian Government Ship C. D. Howe.

Geographically, the sphere of influence of Eastern Region may best be portrayed by visualizing that part of Canada lying roughly within the segment of a circle with its centre at the north pole and its circumference along the 42nd parallel, the western extremity of the arc being at Windsor, Ontario, and the eastern end at St. John's Newfoundland. The vastness of this area is accentuated when one consider that Windsor lies at the same latitude as the northern border of California.

Eastern Region encompasses six zones, each with its own headquarters, and a small subzone administered directly from the Ottawa office. Each zone has its field units. In all there are 34 health centres in the charge of one or more graduate nurses, nine nursing stations and three hospitals — one of 50 beds at Ohsweken on the Six Nations Reserve near Brantford, Ontario; a newly developed hospital of 20 beds at Frobisher Bay on Baffin Island, N.W.T., and the Moose Factory Hospital of 160 beds on James Bay. The latter hospital treats tuberculous as well as general patients. It draws its clientele from as far north as Sugluk on Hudson Strait, from Fort Albany and Attawapiskat on the west coast of James Bay, and Winisk on Hudson Bay.

Population

The native population served by the facilities in Eastern Region includes both Indians and Eskimos. The former are under the egis of Indian Health Services, the latter under Northern Health Services. In addition, services are offered to the non-native population of the Arctic except on the DEW Line where the main contractors employ their own medical officers.

Of the 180,000 Indians of Canada, 55,000 reside within the Eastern Region. These can be divided roughly into three groups. In southern Ontario and along the upper reaches of the St. Lawrence River live the more sophisticated tribes who have access to



DR. WIEBE, *Eskimo patient*
MISS MCDONALD, *Eskimo patient*

social, economic, educational and cultural resources of a high level. Many have responded to this exposure and have living standards that compare fairly favorably with those of the surrounding population. It must be conceded, however, that advances to date are being made by individuals rather than by groups. This fact may well be taken as a measure of our success or failure in reaching these people with our educational efforts. A community spirit is only just now becoming evident.



Eskimo mothers and children await their turn at an outpost nursing station.

In the area lying north of Ottawa, bounded by the Canadian National Railway line running through Cochrane, live those Indians in the stage of transition. Modern amenities are just beginning to reach this middle group whose real progress is limited by the extent to which the non-native population itself embraces new advances. North of the C.N.R. and up to about the 55th parallel of latitude live the most primitive of these people, many of whom are nomadic and who rely directly upon the land to eke out a living. Considerable difficulty is encountered in bringing adequate medical care and organized health education to them. The barrier of language and limited communication and transportation facilities enhance the problem.

Of the 10,290 Canadian Eskimos, 5,570 live in the Eastern region. They are scattered over the barrens in small villages stretching from Alexandra Fiord on Ellesmere Island in the north to Fort George on Hudson Bay in the south. Thus, the Eskimo is encroaching on territory normally inhabited by Indians who prefer treed areas. The treeline runs obliquely across Quebec from Great Whale River on Hudson Bay to Fort Chimo on Ungava Bay.

In general, Eskimos can be divided into two groups: Those of the caribou culture who rely largely on this member of the deer family for their livelihood; those of the sea culture who depend upon sea animals for food, clothing and fuel. The Eskimo of the Eastern Region belongs almost without exception to the latter group and can be found living usually no more than a few feet above high tide along the costal areas. This fact is significant since he can be reached by water at least. The Eskimo in his most primitive state still belongs to the Stone Age. Such projects as the DEW Line and certain mining developments have brought him into contact with the white man from whom he is learning, but not necessarily assimilating, many new ways. Taking the long view this is beneficial, but rapid change can and does produce serious dislocations. Diseases against which the Eskimo has no immunity can be introduced. He is encouraged to adopt new foods, often to the exclusion of native ones. Dietary imbalance is almost inevitable under these circumstances and avitaminoses, rarely seen on a native diet of raw meats and the vegetable matter from the stomach of game, are beginning to occur.

Life in a wooden house, often poorly constructed from scrap lumber, poses further problems. An igloo can be heated by a seal oil lamp. A frame structure cannot be kept at an adequate temperature by this method, even if enough seals were available.

The advent of family allowances and old age pensions has had its effect as well. According to ancient Eskimo custom, the very young and the very old had little value because they were nonproductive and, therefore, a burden to the community. Thus, if the life of the community was placed in jeopardy due to the food requirements of these nonproducers, it seemed proper that suitable measures should be taken to remove them. The aged were abandoned on the trail and infants were "pushed under the ice." Such practices, repugnant as they may be to our sensibilities,

were a necessary part of the Eskimo's way of life if the race was to survive. Under present conditions each infant and each old person is worth a sum of money each month. As a result population is increasing, often beyond the capacity of an area to yield sufficient game. The vicious circle is evident.

Even deeper in its effects is the trend to imitate the white man in other ways.

Mayka, the wife of Simonee, returned from a hospital in the south where she was treated for minimal tuberculosis. A baby was born to her while she was under treatment. The hospital nurses had taken great pains to teach her the white man's standards of cleanliness and Mayka was converted to the principle that her baby must have a daily bath. In his native environment the baby would not have had a bath until he was old enough to fall into the nearest river — but a daily bath he had to have since Mayka had been indoctrinated into the white man's ways. Bitterly, Simonee complained through an interpreter that he simply could not keep up with his wife's demands for seal oil with which to heat water to bathe the baby — and this was summer! What, indeed, would happen when the snow came and the demands would become even greater? *More* oil would be required to melt the snow, and to keep the igloo warm. No ready solution was at hand and Mayka was adamant!

Months later, when Mayka's and Simonee's country was in the grip of early winter, the Indian and Northern Health Services nurse in the area reported the death of their baby due to bronchopneumonia which had resulted, she said, from the child's exposure each day to a bath.

Such conflicts between old custom and new ways are producing psychiatric disturbances heretofore unknown to the ordinarily happy Eskimo.

Special Problems

Communications

Working out our health program is, to a large degree, dependent upon communication facilities. In the north, roads exist only within communities that include private and government agencies. Travel between communities must be by water or air in summer and by air or dog team in winter. The "in-between" seasons of freeze-up and break-up permit no travel at all. All of these methods are subject to the vagaries of weather and other physical forces.

Wireless sets operated by Hudson's Bay factors or the Department of Transport provide day-to-day contact with other communities and the outside world. A tremendous advance was achieved in the last quarter of 1959 when direct telephone communication was established between Frobisher Bay and the outside world. Land wires run to Goose Bay, Labrador, whence a radio microwave system carries the message to Frobisher. Establishment of thrice-weekly flights between Montreal and Frobisher to carry both freight and passengers has made it as easy to reach the Eastern Arctic as to travel between any major southern cities.

Tuberculosis

This condition must remain the object of unabated activity for years to come. In 1955, 9 per cent of the population examined in the summer survey had to be evacuated for this disease. Happily, the annual discovery rate has now fallen to a little more than one per cent.

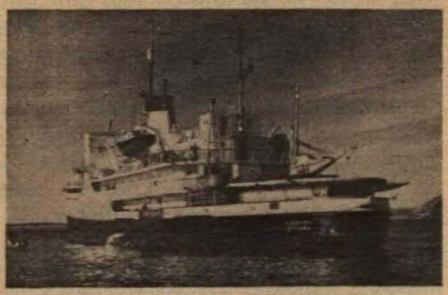
Infant Mortality

The rate is still frighteningly high. It can be ascribed to poor levels of housing, nutrition and sanitation. The chief killer is respiratory disease of infectious origin. Only extreme alteration in the total pattern of living can change this situation and such change is predicated upon economic advance coupled with education in the broadest sense.

Migration to Larger Centres

Population shifts caused by the creation of northern white communities produce special problems. The best current example is Frobisher Bay whose Eskimo population has grown in three years from about 100 to 800 while nearby communities have dwindled. Thus, Lake Harbour has almost ceased to exist; a nursing station operated there for many years by INHS has been closed. On the other hand, the nursing station at Frobisher Bay has had to be supplemented by a 20-bed hospital. The many DEW Line

stations have each produced their satellite Eskimo communities. Patterns established to provide health care to these shifting populations must undergo constant revision to meet new conditions.



The "C. D. Howe" on Annual Eastern Arctic Patrol

Special Projects

Recurring Surveys

The oldest annual "survey" of the Eastern Arctic originated before World War II when a medical officer, and sometimes a dentist, were placed aboard the old Hudson Bay ship, the *Nascopie*, to examine and treat Eskimos as the vessel called at each major community to discharge supplies for the succeeding year; to take on furs, walrus tusks and other native produce; to bring in new staff for the R.C.M.P., Hudson's Bay stores, nursing stations and missions and, of course, to return to the south those who had completed their stint in the Arctic. When this noble craft foundered and sank on a rock just off Cape Dorset, the Eastern Arctic Patrol, as the expedition had come to be called, was undertaken by the C.G.S. *C. D. Howe*. Each year, very early in July, she steams down the river out of Montreal harbor with a medical party of two doctors, two dentists and assistants, one radiologist, two nurses, two (Eskimo) ward aides, one X-ray technician and his helper, and clerical staff. Also aboard is a helicopter and its crew.

The *C. D. Howe* is a twin-screw semi-icebraker and her prowess in the ice is sometimes tested before she passes through the Strait of Belle Isle. As she proceeds up the eastern coast of Labrador she encounters many icebergs, newly calved in the Greenland fiords. At about latitude 60°N she veers sharply to the northwest through the ice packs of Hudson Strait where she may lie for hours or days in the grip of endless floes until wind or tide opens a channel, often discovered from the air by the helicopter crew. Finally, she approaches Lake Harbor, her first call. Twelve hours out the medical officer-in-charge radios the expected time of arrival to the nurse temporarily located at Lake Harbor. Great activity ensues as the tiny community braces itself to receive supplies, to be medically examined and, probably, to suffer from "ship's fever" for the next 30 days, during which time the various viruses and other organisms brought ashore by the bacteriologically contaminated southerners hold sway.

About ten miles out of Lake Harbor the medical officer boards the "chopper" and proceeds by air to the settlement. The route takes him up the inlet, guarded on either side by low, rounded mountains reddened by their high iron content and often still snow-laden on their northern slopes. The approach to Lake Harbor is exciting. People are scurrying up and down the freshly raked gravel paths bordered with whitewashed rocks. The red roofs of the Hudson's Bay Company buildings can be defined, then the church, nursing station and R.C.M.P. post. Soon, the white dots scattered about the community resolve themselves into Eskimo tents around which are tethered the Huskies. Finally, the helicopter lands, raising a cloud of dust as it touches down. The medical officer is surrounded by shy, friendly faces. Willing hands pick up his baggage for the short walk to the nursing station.

In an hour all important people have had their hands shaken and messengers have collected the Eskimos into family groups, ready to board the ship which, by now, has dropped anchor opposite the village and put its barge overboard. As soon as the barge touches the shore 30 to 40 Eskimos climb aboard and are taken to the *Howe*. Here, in the sick bay, the members of the medical party stand at their posts, ready to begin their work. Each Eskimo is identified and registered; then comes the chest X-ray, followed by a medical examination. Next, the dentist does a quick check and decides on the cases that merit most attention. Finally, the patient moves on to the nurses for injections providing immunity against conditions such as diphtheria, pertussis, tetanus, poliomyelitis and smallpox. By this time the X-ray film has been developed and interpreted by the radiologist

who has on hand comparison films taken in previous years.

Today, about 98 per cent of the Eskimos receive a clean bill of health. The other two per cent are referred to a social worker aboard the ship who makes arrangements for their evacuation to the south for treatment.

Within 24 hours, all freight has been unloaded, inspection of facilities ashore has been made and the evacuees are aboard. It has been a fair exchange, however; the ship has returned to their homes a number of patients who have been in the south for treatment.

The *Howe* moves on, calling at other points in Hudson Strait and on the east shore of Hudson Bay. Then, at the end of three weeks, she docks at Churchill to refuel, take on more freight and put off evacuees for transfer south by rail. Best of all, she will take on an equal or greater number of repatriates returning cured to their homes. By the 30th of July she is underway again, stopping only at Southhampton Island in her long race back through the Strait, north around Baffin Island and west to Resolute Bay on Cornwallis Island. Ten days elapse while she acts as an icebreaker for a fleet of ships supplying the air base at Resolute, and as a hotel for stevedores. Then the *Howe* proceeds eastward again, touching at Grise Fiord and the communities on the north and east coasts of Baffin Island. During the last week of September she berths at Quebec City, her dangerous odyssey completed for another year. It has been a satisfying trip for all concerned.

Other less extensive patrols occur each year in Eastern Region. The Easter Patrol (so-called because it takes place in early spring when snow conditions are good and daylight is returning to the Arctic) is carried out by a medical officer flying out of Frobisher in a ski-equipped R.C.M.P. Otter to visit the 400 Eskimos on the Melville Peninsula and in the Fury and Hecla Strait areas. This expedition is a true adventure. The pilot must spot the igloos from the air and then land on unfamiliar ground. Physical and X-ray examinations are carried out in igloos, either existing or freshly built for the purpose. Occasionally, a tent is formed by hanging a tarpaulin over the airplane wing and the work is accomplished in this shelter. This is one area that can be reached only by air or by dog team. The Fury and Hecla Strait is rarely sufficiently free of ice to permit travel by ship, even in summer.



Indian baby and mother visit health centre

Two other airborne surveys are carried out annually. One originates at Moose Factory to cover the shores of James Bay and the eastern coast of Hudson Bay. The other, called the North Shore Survey, emanates from Seven Island, Quebec and reaches down the coast of the St. Lawrence to Romaine, almost in the Strait of Belle Isle. Suitable chartered aircraft on floats are used to carry personnel and equipment to the various communities. Fortunately, all of these lie on bodies of water that can be utilized for landing.

Continuing Surveys

Among the Indian groups accessible by road, continuing surveys are carried on throughout the year by two regional X-ray technicians who travel in a light panel truck with their equipment. This team maintains a central film library which provides the radiologist with films from previous years for comparison.

Follow-up Programs

The surveys described all occur at a specific point in time and their results portray conditions only as they exist at that time. To provide follow-up facilities, all northern stations are equipped with their own portable X-

ray units. With these, periodic checks of suspects and of post-tuberculous cases can be made. The resulting films are sent to the regional office for development and interpretation.

Self-Help Plan

It is not universally understood that Indian and Northern Health Services has no legislative responsibility for the provision of health care to Indians. It is intended that Indians should be assisted when medically indigent and unable to procure such care. Most Indians have taken full advantage of the good economic state in which Canada has found itself in recent years. Many of them individually are just as capable of meeting costs of medical care as their counterparts in the general population. Certain groups realize this and have intimated their willingness to contribute substantially to plans that provide full coverage and permit free choice of doctors. Five Indian bands now have plans in operation that provide such coverage both for care in hospital and by physicians. It is hoped that the independence and freedom enjoyed by these groups in this connection will stimulate them to advance in other fields so that their status of equality, already guaranteed by law, will become a reality.

The Prevention of Mental Retardation

F. G. GATTINGER

The problem of mental retardation is a particularly important social concern, involving many people.

Introduction

The full impact of the problem of mental retardation is not fully and clearly realized. People may hear reports that the incidence of mental retardation is 2-3 per cent of the total population. Expressed in terms of population, and using a conservative estimate of a 2 per cent incidence, the approximate number of mentally retarded persons in Canada numbers 360,000.

The problem of bringing this particular social problem to the attention of the public is being handled on a national scale by the Canadian Association for Retarded Children. This association, composed of people in many walks of life is endeavoring to provide facilities and other forms of help to relieve the plight of the mentally retarded.

One special area within the total problem is the preventive aspect. Research in this field is relatively new, as compared to research in other fields. Since the problem of mental retardation is as old as society itself, this is rather surprising. Possible reasons for the lag in research could be the idea, past and present, that mental retardation cannot be prevented; the fact that other research fields are more enticing because the financial rewards are greater; the long-term nature of research in mental retardation; the great difficulty in elucidating the exact causes of specific types of retardation. At the present time, gradual but steady gains are being made in the field of preventive research. In his opening address to the Fourth Canadian Conference on Mental Retardation, the president of the C.A.R.C., L. H. Hall, emphasized the need for more preventive research as well as continuing present projects.

PKU

Aside from direct empirical research into the causes of mental retardation, other sciences can and are contributing

to preventive research. Two of the more important ones are biochemistry and cytogenetics. One specific condition where a recent breakthrough in biochemical research has resulted in preventive treatment is phenylketonuria (PKU). In this condition there is an inborn error of metabolism; the body is unable to break down an essential amino acid, phenylalanine. This inability to utilize phenylalanine is believed to be due to the lack of a specific enzyme. Treatment is essentially a low phenylalanine diet, which keeps the level in the body within safe limits.

PKU is readily detectable by urinalysis. It is held that if treatment is to be successful in preventing mental damage, it has to start at least within the first few months of life. For adequate screening of children, public health facilities would have to play a primary role. It is gratifying to note that some regional health centres are routinely doing the PKU tests when children receive their immunization injections. Since convulsions and eczematous skin conditions are frequently associated with PKU, the appearance of either in children warrants the test.

Mongolism

Advances in genetics have elucidated a causative factor in this condition. It has been shown that in the monogoloid the body cells contain 47 chromosomes, instead of the usual 46. Although the control of genetic materials is still to come and although little can be done for the prevention of mongolism by genetic counselling, there are other relevant causative factors of the condition that should be considered.

Studies in England have shown that the average age of mothers at the time of birth of mongoloid infants was 37 years; the average over-all maternal age was 29 years. Additional studies in England as well as in other countries have shown that the incidence of mongolism increases sharply in mothers 35 years of age and over. One step in the prevention of mongolism is clear: the public must be shown the importance of women having their children early in the child-bearing period. The question then arises as to who should be doing this teaching.

Obviously, the responsibility falls on the shoulders of doctors, nurses, associations dealing with the problem of mental retardation, and governmental health agencies. Although a concerted eugenic teaching appeal would not prevent all forms of mongolism, it would cause a decrease in its over-all incidence, which is estimated at 5 per cent of the total number of mentally retarded person.

Infectious Diseases

Meningitis and encephalitis in some instances cause irreparable brain damage in children, resulting in mental retardation. Prompt and effective treatment, with the wide range of drugs available, should forestall mental retardation. However, some parents do not seek medical attention for children when it is definitely indicated; they consult their doctor only when the disease is already far advanced. The need for health education is crucial in order to impress upon parents the importance of good health care for children suffering from *any* illness — particularly prolonged or severe attacks of the common cold; measles, mumps, or chicken-pox. These conditions may precede attacks of meningitis or encephalitis.

Prenatal Diet

The importance of an adequate and nourishing diet during pregnancy in decreasing the chances of a child being born with physical or mental handicaps cannot be over-emphasized. This has been made clear by animal experiments. In one instance, rats and rabbits were placed on vitamin-deficient diets prior to mating and during pregnancy. Conditions such as blindness, hydrocephalus, cleft palate, and microcephalus appeared in the offspring. In addition, other constituents such as calcium, phosphorus and iron have been shown experimentally to have considerable significance. The maternal endocrine balance during pregnancy is also very important. It is imperative then that pregnant women should avail themselves of regular medical consultation. A heavy responsibility is shouldered by the doctor for thorough and meaningful consultation with his patient.

Prematurity

There are conflicting reports from research as to the role prematurity plays in the etiology of mental retardation. Some studies have found positive correlation, others no correlation, and still others negative correlation. However, prematurity and mental retardation are related in one particular area. Oxygen, if given in excess to premature babies, causes irreparable damage to the retina — a condition called retrolental fibroplasia. This condition is quite frequently associated with mental retardation, and leads us to suspect the possibility of the excess of oxygen causing brain cell damage along with injury to the retina. Until there is more positive research in this area, the importance of prudent administration of oxygen to children, especially premature babies, is quite clear.

Plumbism

This rather rare type of mental retardation is caused by ingestion of lead over a period of time. A classic example concerns a 7-year-old boy who was severely retarded. As a normal 4-year-old he was given a set of lead toy soldiers. He acquired a taste for lead from them, and progressed to other sources, mainly paint. There is need for constant vigilance. Sources of lead include: paint, some nipple shields, toilet powders, etc. It is a matter of speculation as to how many substances other than lead are responsible for cases of mental retardation. The need for public education concerning the possible undesirable effects of substances not considered edible is quite apparent. The nurse has a large teaching responsibility in this respect through her contacts with patients in the hospital, in clinics, in health centres and in the homes.

Hydrocephalus

Preventive measures in the area of hydrocephalic retardation are largely in the research phase. In this condition it is believed that the excessive accumulation of cerebrospinal fluid in the ventricles, exerting a tremendous pressure on the brain cells, causes distortion and prevents the brain from developing normally. There are various causes for the disturbance in circulation of the cerebrospinal fluid; more research is required. Attempts to relieve the pressure by surgical intervention have been under study for some time. We can expect that, with further experience and research in neurosurgery, more conclusive results will be forthcoming and, possibly, mental damage in the future will be prevented by early surgical intervention.

Oxycephaly

A rather rare but interesting type of mental retardation is the condition known as oxycephaly. It is transmitted genetically. Two main physical features of the condition are a towering skull and exophthalmus. It is interesting to note that some people with normal and even superior intelligence do have these features. This points up the fact that one can very seldom diagnose mental retardation on the basis of physical appearance. This is particularly true of babies. A person with no special knowledge of mental retardation may, on physical appearance alone, diagnose a baby as retarded. In a normal child with oxycephalic features, partial correction will result from surgery.

Galactosuria

This is a type of mental retardation that can be prevented, if discovered early enough. It is caused by an inborn error of metabolism, whereby lactose and galactose are not converted to glycogen by the liver. The excess galactose in the body tissues is toxic to growing brain cells. Obviously, because of their diet, this condition can have serious consequences in babies. The baby is well at birth, then gradually becomes weak. Early symptoms are vomiting and jaundice; later symptoms include liver damage, abdominal swelling, cataracts and, of course, very slow development. Detection of galactosuria is relatively easy through urinalysis. Treatment is simply dietary control, allowing no lactose or galactose in the child's diet. If treatment starts early enough, there is no mental damage. There are other errors of metabolism associated with mental retardation. Some research is presently being done to clarify exact metabolic mechanisms.

Cretinism

Nowadays within institutions for the retarded there is a considerable decrease in the number of cretins admitted. The decline in cretinism is undoubtedly due to the fact that children receive more frequent and better medical care and, consequently, metabolic disorders are corrected before they can do any permanent damage. It is believed that in most cases of childhood hypothyroidism mental retardation can be prevented if treatment is begun early enough. Recent research suggests that treatment should be started prenatally by administration of thyroxin to expectant mothers who show indications of decreased thyroid function.

Factors During Pregnancy and Birth

Mental retardation due to birth injuries is estimated at 5-10 per cent of the total number. Numerous natal factors contribute to brain damage and consequent retardation. Among the more common are: asphyxia caused by aspiration of fluid; prolonged pressure on the cord or a twisted cord; direct mechanical pressure; premature placental separation; breech presentation; too rapid presentation, and indirectly, the overly depressant effects of anesthetics and sedative drugs.

The nurse's preventive role can be divided roughly into three areas: teaching the importance of receiving adequate and regular medical attention during pregnancy; expert care during the birth process; accurate and vigilant observation of the baby's condition during the first few days. There is need for more research, more accurate knowledge of prenatal life and the birth process in order to achieve greater control over birth injuries and their consequences.

It is common knowledge that rubella during the first trimester of pregnancy causes physical abnormalities and, in some cases, mental retardation in the baby. The physical abnormalities include cataracts, deafness, heart abnormalities, and microcephalus. When the expectant mother contracts rubella, gamma globulin is usually prescribed to help prevent damage to the embryo. As the rubella virus depletes vitamin A, the administration of this vitamin is also indicated. Some authorities in the preventive field advocate the exposure of all girls in childhood to rubella so as to prevent this particular type of mental retardation in a subsequent generation.

Other Factors

There is one clinical group of mental retardates which is particularly problematic insofar as prevention is concerned. This is the group sometimes referred to as "simple retardation" or "subcultural retardation." The causative factors are twofold: Heredity — that is, people of low intelligence reproducing their kind; environmental — where people are the victims of adverse living conditions. It must be remembered that people within the normal range of intelligence can have a child who is retarded. Prevention here, becomes a problem with many ramifications. The positive approach in many societies is to help these subnormal people, through special programs, to become useful, productive members within their capacity. Since it is known that adverse environments may depress or retard the development of intelligence to varying degrees, it would seem logical that prevention of adverse environments, such as slums in large cities, should be a goal.

Conclusion

The problem of mental retardation is a large one and, consequently, prevention is of notable importance. Because so many people in our society are involved it would seem apparent that preventive information should be incorporated as a compulsory subject in the curricula of schools, so that as many people as possible could be reached. Such a venture would be financially rewarding to society as a whole.

Bibliography

Hilliard, L. T. and B. H. Kirman. *Mental Deficiency*, 1957.

Clarke, A. M. and A. D. B. Clarke. *Mental Deficiency, The Changing Outlook*, 1958.

Hall, L. H. *The C.A.R.C. Bulletin*, Volume 12, No. 1, Jan. 1962.

Tredgold, A. F. *Mental Deficiency*, 1947.

PATIENT-CENTRED DIET THERAPY

SYLVIA FAUST

A new approach to dietary experience for students of nursing.

Out of the kitchen and into the clinical areas! This is what is happening to the student nurse in diet therapy at St. Boniface General Hospital, Manitoba. Formerly, the student spent the entire period of her diet therapy experience in the kitchen. Although this clinical assignment had merit, the student was not getting the type of information that would be most beneficial to her as a future professional nurse. Too often she was used mainly for service.

Many people were concerned about another problem in the hospital. Patients frequently went home with a specific diet order, but with little or no idea of its meaning or importance. Because of the shortage of qualified people in dietetics, the dietitians do not have time to teach all patients. These were two of the factors that prompted a complete change in the organization of the diet therapy program.

What has happened to the student's experience in the diet kitchen? It's still there, but in what we feel is its proper perspective. On the first day, she tours the dietary department. Later, she spends a large part of one day in the formula room which is closely connected with the kitchen in this hospital. Here she learns through first-hand experience what formulas are used and how they are prepared. During this same day, she also works on the conveyor line at one meal and assists in the tray set-up for the special diets.

Although limited, the time spent in the kitchen gives the student an understanding of how food is handled in a large hospital and the manner in which this particular department is administered. It is felt that this basic knowledge is important in furthering better understanding and, consequently, better relationships between the dietary and nursing departments.

The student spends the major portion of her experience in the clinical areas where she is responsible for the total nursing care of patients who are on special diets or who present a dietary problem. By giving care to patients requiring dietary help, the student can apply directly what she has learned in the classroom concerning diet therapy. Because she is responsible for the total care of the patient, she sees the importance of diet in relation to all other aspects of care. She is usually assigned two patients which means that she has time to talk to each one and to help them to understand their diets. In addition the student has an opportunity to study the patients' charts and their conditions. Since her assignment is limited, she has time to answer the questions concerning diet as they occur.

The student receives her dietary experience in the second semester of the first year, concurrently with the medical-surgical block of lectures. Most of the theory is presented in this block, but she also attends clinics pertaining to diet therapy. During the clinic time, the diets of assigned patients are discussed and some of the diets less commonly prescribed are studied. Glucose conversion and a detailed study of the use of the exchange lists are included at this time. Other topics covered dur-

ing this phase of experience include formulas for infants, weight control and food faddists. It is felt that correlation of ward experience and clinics is beneficial since it enables the student to discuss the particular problems of her patients and to bring up any questions that she may have.

Students also participate in various projects on the wards. When a clinic is planned concerning a patient who is on a specific diet, a student is often asked to present the dietary aspects. One very successful clinic was based on two students who were teaching two ulcer patients about their diet. Students may also hold informal teaching sessions with three or four patients who are on similar diets. It is felt that the patients benefit a great deal by sharing their experiences. The students guide the conversation and help to correct any misinformation.

What do we expect the student to gain from her diet therapy experience? First, we expect deeper appreciation of the relationship between diet and disease. We also hope that she will gain a better understanding of patients and that she will improve her communication skills and patient-teaching ability. Because she is responsible for assisting the patient to understand his diet, the student must possess the necessary knowledge herself. Many students realize for the first time the significance of the diet order.

But the diet therapy experience does not benefit the student alone. The patient has more understanding of his diet and receives additional instruction on how to follow it at home. Although the student does not replace the dietitian, she does assist the patient and learns to recognize when the services of the expert are required.

Because food is so much a part of our everyday life, a patient may feel that a restriction in his diet means that he can no longer lead a normal life. One student noted that the new diabetic she was caring for thought that his diet would be limited to about 10 different foods. When she explained the exchange lists to him, he was amazed and very happy to learn about the great variety of foods that were included in his diet. The student also obtains experience in helping a patient adjust his special diet in cases where he must eat out or carry a lunch to work.

We have been discussing diet therapy from the instructor's point of view. How do the students feel about it? The following evaluation gives the viewpoint of one of them:

> Before I entered this class, I was not too keen about diet therapy. In my previous studies, it did not interest me. Of course, at that time, we did not have much to do with the patients. Now, however, since we are working a great deal more with patients and know their conditions, diet therapy is much more interesting. The type of diet a person receives is very important. After realizing this, I took more interest in diet, and I enjoyed it very much.

Opinions about any type of instruction will always vary, of course, but one fact stands out clearly: the attitude of the students has improved very noticeably since the centre of their experience has moved from the kitchen to the patient!

Cystic fibrosis is genetically transmitted, probably as a recessive trait. Some two to five per cent of the population may be carriers of the cystic fibrosis gene. Although these persons may transmit the disease to their offspring, they may not exhibit symptoms of it themselves. Incidence of certain diseases in relatives of patients with cystic fibrosis has been found to be higher than expected. A family history of diabetes mellitus was found in 44 per cent and pulmonary disease in 36 per cent of a group of patients with cystic fibrosis surveyed.

— *Patterns of Disease*

* * *

Dissatisfaction with our condition is often due to the false idea we have of the happiness of others. — *Churchman*

* * *

I must get out of these wet clothes and into a dry Martini.

— ALEXANDER WOOLLCOTT

HOW TO USE AGENCIES

INA YOUNG

The nurse in industry is the key figure in communication between the industrial plant employee and community health and welfare agencies. To fill this role, she must know how to use these agencies for effective referral services.

In an address given at the 24th National Business Conference, Harvard School of Business, Elmer Lindseth, President of the Cleveland Electric Illuminating Company, said:

> While communication may be said to be commonplace and study of it widespread, it is not simple — far from it. The barriers to personal communication, particularly those due to differences of background, experience and motivation are tremendous. It seems extraordinary that any two persons can ever understand each other.

This, of course, is all too true. Barriers between nursing and the social services can, however, be overcome through a clearer understanding of what can be done, the kind of resources available in the community, and who can assist in the helping process.

INTERDEPENDENCE IN SOCIETY

In the early years of Canadian history, families hewed their own timber, hunted for or grew their own food, spun their own wool, looked after their own sick or disabled and could always depend on their neighbors' help in time of trouble. Today, people are not entirely self-sufficient despite the fact that they make their own way, run their own affairs, cause no trouble and cherish their independence above everything else. In our highly industrialized society, the elements are, to a high degree, interdependent. We depend on more people than we shall ever see for the daily necessities of food, clothing, homes and services. The hand of the good neighbor finds work to do through an organized system of community services which are an essential part of our modern society.

The horse and buggy have been replaced by the automobile and airplane, but undoubtedly the most dramatic change is in the field of communication. Radio, television, the mass publication media and the telephone have brought a new dimension into our way of life. In a rapidly changing world, it is logical that methods and emphasis should broaden in scope to meet the needs of another era. Health and welfare agencies have come into being to relieve distress because the socially-minded in the community have been concerned about poverty, sickness, people living under submerged conditions, poor wages, dangerous trades, and occupational diseases.

PIONEERS IN WELFARE WORK

In the early days of social welfare, development settlements such as Toynbee Hall, in London, England, and on this continent Chicago's Hull House and Henri Street Settlement in New York were established. Students of social conditions lived and worked in these places which were situated in the most depressed areas of the city and endeavored to improve conditions about them. They surveyed, analyzed, and dealt with such problems as child labor, sweatshops, preventable diseases and unsanitary slums. Organized labor was encouraged to demand decent wages and working conditions.

The attitudes of these pioneer leaders was neither reactionary nor utopian. It was inspired by a spirit of

confidence that ancient wrongs could be righted; that human resources could be conserved; that education is the ultimate cure for everything that needs to be cured.

WELFARE TODAY

Progress has been made over the years and a more clear-cut vision of community needs has emerged. The new view is many-sided, but life is seen as a whole — the home, the factory, the church and the playground are all within its range.

As we become more concerned with the concept of *wholeness* in relation to the individual, the need for better communication within the practice of medicine, nursing and social work becomes more essential. In the past, nurses and social workers tended to concentrate attention on a single problem when an individual asked for assistance. They had little concern for the problems within the individual's family or those underlying factors which create slums with all the associated problems of dependence, delinquency and ill health. The modern "wholistic" approach to social needs and social problems is one which requires communication between professions and also within the field of social work itself.

Modern health services are complex, flexible, and subject to continual change in relation to the new health and welfare needs of people and the developments of medical science. Services must be developed to meet the total needs of the people. The allied health professions must work in cooperation if these agencies and services are to be used to best advantage.

Team Work

A balanced and well-integrated program of health and welfare services, designed to give the most acceptable mental and physical care for all, can best be achieved through the *team approach*.

There is a growing realization that many individuals who seek help from the social agencies have problems which require skills beyond the social work profession itself — skills which need the understanding and services of medicine — particularly psychiatry — nursing, education, rehabilitation, etc. There is a need to share knowledge and skills between professions. The nurse in the industrial setting is in a strategic position to share her knowledge of working conditions and to interpret needs of the employee to social agencies; in turn she should be able to interpret community services to the employee, her confreres and employers.

The late Ruth Hubbard has described most aptly what must go into the team relationship. Her remarks tell us how we can communicate more effectively:

> To be part of a team means that one must see himself in relation to the contribution of others, that he must sense constantly the changing needs of the individuals whom he or the group is serving and he must accept the corresponding changes in his contribution and the contributions of other team members to these needs. He must have courage to say what he can do and why he feels he can do that thing better than another, and he must have the grace to give up what he likes to do if another can do it better. It means further that he must learn to do things which do not come easily if they can best be done by him for the good of all. It means the will to pull with others and the integrity to withdraw from those parts of an undertaking which are not his. It means the enduring belief that together we can do things which none of us individually could do alone, and that the togetherness makes possible a concept of the job which is greater than the sum of the individual parts.

In most communities there are a number of voluntary and public agencies working on various aspects of social welfare and health needs. In fact, there appears to be an organization for every disease known to mankind. All these organizations may be doing, each in its own way, a fine earnest job — but it may be an isolated job. In a sense they may be just touching at narrow, widely separated aspects of the same problem. We need to coordinate our efforts, plan cooperatively and treat the *whole man*.

Sharing Information

Social workers who have practised in a multi-discipline setting such as a

hospital or a school have come to realize the importance of sharing information with others who, at the same time, are in a helping relationship with the individual who requires assistance. Multi-discipline practice is ineffective unless there is mutual understanding of and respect for each other's role in the problem. Effective planning must be based on joint thinking.

It is evident that a knowledge of community resources and how to use them is of primary importance. Do you know the agencies in your community? Do you know which organization has been set up to deal with a specific problem when an employee who is desperately in need of help comes to you for advice or assistance? Do you refer such problems to a community agency or do you struggle with it yourself, with perhaps something less than success, or maybe downright failure? Frustration can often be avoided when communication and a free flow of information are established with the appropriate agency. It is essential that good relationships be formed and maintained in cooperative efforts to solve social problems, initiate good health principles and social services.

THE LOCAL SCENE

Montreal presents a very complex and, at first glance, a confused picture. In the social welfare field there are four federations: the Federation of French Charities for French Roman Catholics; Federation of Catholic Charities for English Roman Catholics; Federation of Jewish Community Services to serve the Jewish Community; and the United Red Feather Services for Protestants and non-sectarian groups. These are fund-raising organizations. Eligibility for financial support is determined on the basis of religious affiliation.

An Inter-Federation Council, composed of representatives of all four federations, studies problems of mutual concern and proposes suitable joint action. For instance, it may be felt that a brief or a joint submission to governmental authorities would have more weight if presented as a joint petition.

The Montreal Council of Social Agencies is the planning body for those agencies that serve the English community, while *Le Conseil des Oeuvres* renders similar services for the French community.

Finally, there are parallel voluntary agencies in both the French and English communities, national organizations and public tax-supported agencies, e.g., health departments, social welfare departments, etc.

HISTORY OF WELFARE IN MONTREAL

To understand the fragmented and, to say the least, unique situation that exists in Montreal it is necessary to go back to the fifteenth and sixteenth centuries in France and English to uncover some of the reasons. In England, after Henry the VIII broke with the Church of Rome and confiscated the great monasteries, the compassionate work carried on by the religious orders of the time ceased. No immediate reorganization took place and great misery resulted. Finally, in the reign of Elizabeth 1, the famous Poor Law was passed. This Act required that "Guardians of the Poor" be appointed in every township or rural area and have as their responsibility, the care of the needy. For those who came under the jurisdiction of this body, workhouses and Poor Law infirmaries were established. The minimum necessities of life were provided in a rather crude way.

Meantime, in 1535, Jacques Cartier had come to New France. A hundred years or so later, Montreal was settled. With the French came the Recollets, the Jesuits, and others who followed the pattern of Old France by caring for the needy. In return, they were granted seigniorial rights to the Island of Montreal. The Gentlemen of St. Sulpice first undertook the spiritual then the judicial responsibility for the people. Sometime later, they assumed responsibility for the temporal and bodily care as well. This task was taken over by new orders which came into being later, notably the Little Sisters of the Poor.

The next phase of social welfare development came into being when the British North America Act was passed in 1867. The Act stipulated that

responsibility for health, education and welfare belonged to the provinces. Municipalities were permitted but not forced to establish and maintain refuges, poor houses and domiciliary relief for the needy. Wealthy people in the Catholic community continued to finance new religious orders so that they could carry on their charitable endeavors. Ladies in the Protestant community formed organizations such as the Montreal Ladies' Benevolent and Protestant Orphans' Society to provide services on the basis of need regardless of race or creed. This group founded an orphanage for destitute women and children — primarily to care for Irish immigrants.

A lying-in hospital was also organized to meet the needs of the newly arrived Irish immigrants. These persons were in dire distress when they arrived, due to the incidence of typhus among them. This hospital eventually became known as the Montreal General Hospital. From these two concepts — charity under the egis of the church, and community responsibility for the relief of distress — evolved present-day parallel developments.

THE NURSE AS LIAISON OFFICER

Nurses in industry have to deal with multi-problems — ill health, dependency and maladjustment. The ability to assist, particularly in times of crisis, depends upon the nurse's knowledge of community resources and her willingness to use the appropriate organization. Referral procedures between industry, health and social agencies have long been a cause of serious concern to social workers, industrial nurses and personnel management. This concern has stemmed from a sense of responsibility for the worker in industry who needs the services of the agency, and the fact that unrelated referrals can be costly both in terms of money and human endeavor.

Miss Margaret Wheeler, nursing consultant, Industrial Hygiene Division, Quebec Ministry of Health, brought this matter to the attention of the Montreal Council of Social Agencies in 1955. Subsequently, a committee was set up to study the whole subject. In the course of its deliberations, the Committee found that the following points all merited consideration:

1. The industrial physician frequently has important information which, if exchanged, would eliminate much waste of time. It was stressed that such a procedure would require strict observance of confidentiality.
2. The industrial nurse could act as the coordinating person between industry and agencies. It was noted that personnel managers do not always recognize this function as part of the nurse's role and that there appeared to be an unawareness of the need for communication.
3. There is need for broader education. Many nurses have not had adequate preparation concerning the use of the health and welfare services.

These observations seemed to be verified when a panel of authorities from the various interested disciplines in industry and representatives from agencies met together to discuss the problem. The focus of discussion was on "Key Steps to Better Referral Practice," with emphasis on the following points:

Who makes referrals?
Why are they made?
What kind of problems do they present?
Where are they made?
What community resources are available?
When referrals have been made is there an appropriate exchange of information? How is it used?

The consensus of panel and audience was that further study should be given to present referral methods, and standardization of referral practice should be established.

Following this panel presentation, a questionnaire was sent out to the industrial nurses in the province. The returns — though few in number — indicated that a definite need exists for a greater exchange of information between industry and the agencies; and that in community agencies there is a serious lack of knowledge about the resources within industry to meet the workers' needs.

PATTERN OF WELFARE SERVICES

How do agencies communicate? How do they relate to each other?

Are there gaps between philosophy and referral practice?

In spite of the numbers of voluntary and public agencies in a community there is considerable coordination and a definite pattern exists in the health and social welfare structure.

The two planning bodies in Montreal — The Council of Social Agencies and Le Conseil des Oeuvres — guide the voluntary member agencies in the joint development of a planned program of welfare, health and recreational services.

The Council operates a Social Service Index in cooperation with Le Fichier Central des Oeuvres which serves the French-speaking community. A common file is maintained by the two groups. It is an invaluable tool for those who are faced with social problems in their efforts to help the client; it enables them to work closely with others who are interested in the client; it affords direct channels of communication between the professions. The Social Service Index maintains a listing of agencies that have registered that they are or have been actively interested in the client.

When an individual accepts the services of a nurse or social worker to help him resolve his problems, he places his complete trust in her. Involved in this trust is the understanding that she will not only help him directly, but will also help him find the additional service he requires. If the nurse calls the Social Service Index and gives the name of an individual, the appropriate agency will be informed, and the social worker who has been involved previously will confer with the nurse. In this way they can effectively plan their approach.

An information and Referral Services Department is also provided by the Council. The industrial nurse can call this department for advice as to which agency in the English community can deal with her patient's problem most efficiently. A similar service is given through Le Conseil des Oeuvres for French-speaking individuals under the Centre des References.

Both Councils publish directories of health and social welfare agencies, copies of which should be in the possession of every nurse who is faced with the possibility of having to deal with social emergencies. The name of each agency is listed along with its purpose and the focus of its activities.

The industrial nurse has an important role to play in the interrelationship of the health and welfare services. The need for teamwork, coordination and communication is greater today than ever before. At times, difficulties arise — usually due to misunderstandings and misgivings as to the aims of others. These misunderstandings can, however, be erased if all concerned are guided by a spirit of mutual respect. The professions and the agencies should think in terms of their duties, obligations and the community as a whole.

Coming!

IN

JULY 1963

Angus — Stop Smoking!

Kitt — Fractured Ankle

Sangster — Role of Nurse in Geriatrics

Lapicki — Regional Ileitis

Heinrich — Acute Gallbladder Colic

Blumhagen — Nursing Care of Patient with Acute Coronary

plus additional material

THE WORLD OF NURSING

PREPARED IN YOUR NATIONAL OFFICE, CANADIAN NURSES' ASSOCIATION,
74 STANLEY AVENUE, OTTAWA

School Improvement Program

Because dates were not finalized five workshops were left out of the list in last month's issue. These dates have now been confirmed and are as follows:

Montreal (French): Sept. 20, 21 and 22;
Regina: Sept. 25, 26 and 27;
Saskatoon: Sept. 30, Oct. 1 and Oct. 2;
Calgary: Nov. 20, 21 and 22;
Edmonton: Nov. 25, 26 and 27.

Dates for the final two of the twenty-two cross-Canada workshops (St. John's and Charlottetown) remain to be finalized, but will be available for next month's issue.

Commonwealth Visitor

Miss GLADYS HAGAR BUTLER, assistant matron of a midwifery training school in Swindon, Wiltshire, England, spent an afternoon with National Office staff in late March.

Interested in observing obstetric training and clinical teaching in obstetric units and delivery rooms, Miss Butler came to Canada on a British Commonwealth Nurses War Memorial Fund Scholarship under the ICN Exchange of Privileges Program.

During her visit to National Office, Dr. Helen Mussalem, Justine Delmotte, Lillian Campion, Thelma Pelley and June Ferguson told her of their roles and of the various projects and studies now being carried out. This was her first visit to National Office.

50th Anniversary Meeting

Speaking to the Manitoba Association of Registered Nurses at its Fiftieth Anniversary meeting in April, Dr. HELEN MUSSALLEM, executive director of the CNA, said a profession and its professional associations must be unendingly engaged in pressing for higher standards for its practitioners.

We, as nurses and members of nurses' associations, are committed to dissatisfaction with things as they are. We may never indulge in smugness which assumes that everything possible has already been attained. We are committed to the search for better ways of performing our tasks.

Outworn and outmoded methods cannot solve today's or tomorrow's problems, she said. We must look at the ways in which we are meeting the nursing needs of this country and face forthrightly where we have failed. The future, she said, demands a clear, unequivocal design, consistent with the world in which we live. It requires that those who possess the knowledge, intellectual capacity and vision, move courageously toward providing leadership so critically needed.

In her keynote speech, Dr. Mussallem said that new goals in nursing should be predicated on a clear understanding of a society's health needs, and these goals should take cognizance of the various levels in nursing and be directed toward the probable future, not the certain past. Each persons' efforts that contribute to the health and welfare of his fellow man, she said, are significant.

But we must recognize that no longer can an individual work alone in the health team. The success of that team depends on the efforts of every individual's fullest contribution to the goals of the team. There are no islands anymore, not even professional ones.

However theoretical the content of nursing may become, Dr. Mussallem said, it is always concerned with humanity and must inevitably focus on the life process of man and his universe. To add to the theoretical knowledge already accumulated, she added, nursing will become more dependent on research and the focus of research should be on the improvement of nursing practice and how nurses may assist in aiding man to achieve a state of complete physical, mental and social well-being.

CNA Retirement Plan

A new Speaker's Kit has been produced in National Office on the CNARP. It is attractively done and contains material useful to anyone interested in conducting a meeting on this plan so important to Canadian nurses.

Here and There

Miss PEARL STIVER held a reception at Le Cercle Universitaire in Ottawa to introduce Dr. HELEN MUSSALLEM in her new capacity as executive director of CNA . . . Dr. Mussallem brought CNA greetings to the Alberta Association of Registered Nurses held at Jasper May 22 . . . Miss ALICE GIRARD, president of the Canadian Nurses' Foundation, will be in Paris this month as CNA representative and a guest speaker at the International Hospital Federation.

In Memoriam

Ann D. Allan (Regina General Hospital '11) died late last year in Windsor, N.S. Miss Allan served with the CAMC during World War I and received the Royal Red Cross and the Mons medal among other honors. She was a former superintendent of Sydney City Hospital and a former matron of Nova Scotia Sanatorium, Kentville and Payzant Memorial Hospital, Windsor.

* * *

The Alumnae association of Saint John General Hospital pays tribute to the memory of the following graduates: **Agnes Douglas Carson** '94, former assistant superintendent of Victoria General Hospital, Halifax and former superintendent of the Hospital for Sick Children, Halifax, past president of the Halifax branch, RNANS and Saint John branch, NBARN, and **Cecelia Gleeson** '16, a former supervisor in her hospital until retirement in 1957.

* * *

The alumnae association of The Children's Hospital, Winnipeg records the death of the following graduates: **Vera (McCluskie) Clayton** '16 and **Mary (Rogers) Gorham** '24.

Marjorie (Boutilier) Demone (Yarmouth Hospital, N.S.) died during 1962.

* * *

The alumnae association of the Ottawa Civic Hospital pays tribute to the memory of: **Erva (Buder) Edmonds** '32, **Ethel (Cluff) Lugsden** '30, **Ida Ruth (Fraser) Murphy** '31 and **Marjorie (Tough) Saver** '43.

* * *

Mrs. B. Ferguson (Glace Bay General Hospital, N.S. '19) died recently in Glace Bay. She was a staff member of the Victorian Order of Nurses in that city for many years.

* * *

Ruth L. Katelnikoff (Yorkton General Hospital, Sask. '32) died in Winnipeg on February 25, 1963.

* * *

Hildur Caroline (Iversen) Kiteley (Royal Alexandra Hospital, Edmonton '15) died in Vancouver on February 22, 1963.

* * *

Gwat Hwie Liem (Wilhelmina Hospital, Amsterdam, '53) died in Toronto on February 22, 1963.

(Continued on page 558)

Nursing Profiles

The appointment of **Barbara Ann Malcolm** as assistant to the National Director of Nursing Services of the Canadian Red Cross Society has been announced. Miss Malcolm was born in the Bahamas and received her elementary and high school education in Quebec.



(Hannay's, Toronto)

BARBARA MALCOLM

Following her graduation from the Royal Victoria Hospital, Montreal in 1950, she joined the staff of the Montreal Neurological Institute and remained there for four years. In 1954, she became a field organizer for the Quebec Junior Red Cross. In 1957, following the Hungarian uprising, she served on the Canadian Red Cross nursing team in the refugee camps of the Netherlands. On her return to Canada she was awarded a Canadian Red Cross bursary and earned a diploma in public health nursing from McGill University. From 1958 to 1960, she was again associated with the Quebec Red Cross as an outpost nurse in the Magdalen Islands. Following this assignment, she came to Toronto to prepare the recently-released *Teen Home Nursing Manual* of the Canadian Junior Red Cross. For the past two years she has been associated with the Metropolitan Health Service of Greater Vancouver.



KARIN VON SCHILLING

The University of Western Ontario School of Nursing has welcomed several new staff members during the past months. **Amy E.**



JOSEPHINE FLAHERTY

Ursula Von Schilling graduated from U. of T. basic degree course in 1961 and worked for one year with the Victorian Order of Nurses. **Mary Josephine Flaherty,** also a graduate from U. of T. basic degree course, obtained her bachelor of arts degree from the same university in 1962. She was nurse-in-charge of a Red Cross Outpost Hospital with the Ontario Division before returning to U. of T. as a research assistant. In 1960 she joined the staff of the Nightingale School of Nursing, Toronto as an instructor where she remained until accepting her present position.

In Memoriam

(Continued from page 556)

Norma (Davidson) McCartin (Soldiers' Memorial Hospital, Campbellton, N.B. '42) died in Ottawa late in 1962.

* * *

Amy E. McKay (Montreal General Hospital '17) died in Perth, Ont. late in 1962.

* * *

Adèle (Rousseau) Mercier (Notre Dame Hospital, Montreal '17) died in February 1963.

* * *

Mrs. Kathleen Mills, a New Brunswick nurse, died in Moncton on February 27, 1963.

* * *

Marian Kathleen (Fensom) Murray (Toronto General Hospital, Ont. '21) died in January 1963.

Lydia Eloise Newcomb (Payzant Memorial Hospital, Windsor, N.S. '32) died during 1962. She had been on the staff of Eastern Kings Memorial Hospital, Hantsport, N.S. since 1950.

* * *

Stella (Manuel) Olds (St. John's General Hospital, Nfld. '29) died in January 1963. She was a former director of nursing, Notre Dame Bay Hospital, Twillingate, Nfld. and had engaged in private nursing recently.

* * *

Anne Dorothy Paget (Montreal General Hospital '60) died in Montreal on March 1, 1963.

* * *

Adeline (Gaulin) Parrett (Sherbrooke Hospital, Que. '24) died in Winnipeg late in January 1963.

* * *

Marguerite (Martineau) Sarfaly (Hôpital St. François d'Assise, Quebec City '49) died in January 1963.

* * *

Dorothy (Weaver) Spidell, a Nova Scotia nurse, died late last year. She was a staff member of Soldiers' Memorial Hospital, Middleton, N.S. for many years.

* * *

Florence E. Stine (Pennsylvania Hospital, Philadelphia '28), a prominent public health nurse in Philadelphia and known to Canadian nurses in the same field, died during 1962.

* * *

Edith Luella (Smyth) Stirling (Public General Hospital, Chatham, Ont. '39) died late in January 1963.

* * *

Lilias Jane Thompson (Vancouver General Hospital '20) died in Vancouver on February 26, 1963.

* * *

The Alumnae Association of St. Paul's Hospital, Vancouver pays tribute to the memory of the following: **Sister Rose Wilfreda** (S.P.H. '36-'38, St. Eugene's Hospital, Cranbrook, B.C. '39), former superior and administrator of St. Mary's Hospital, New Westminster, B.C., and **Helen (Conway) Stewart** '39, assistant director of nursing services, S.P.H.

* * *

Cleopatra Watkins (St. Paul's Hospital, Vancouver '42) died in Vancouver on March 3, 1963.

It is a characteristic of the human mind to hate the man one has injured.

— TACITUS

* * *

In love alone we hate to find companions of our woe.

— WILLIAM WALSH

* * *

There is not a passion so strongly rooted in the human heart as envy.

GRADUATE TO NURSE

Reprinted from Nursing Times, *February 1, 1963*

A recent survey* of university graduates has shown that almost 75 per cent take a further training after graduation. There is reason to believe that a number of women graduates would be prepared to enter the nursing profession if the three-year training period could be shortened. British nursing is, and must remain, an apprenticeship, but with a shortened course the theory necessary for intelligent practice could quickly be absorbed by a mind trained in an academic discipline. The most important need in a shortened course is for the maximum use to be made of the time available at the bedside, the traditional site of nurse training.

A Six-year Experiment

It is in this belief and in the knowledge that nursing is in urgent need of women of the best intellectual calibre that the Nightingale School of St. Thomas's Hospital is to embark in the autumn on a course that will enable university graduates (and others of comparable educational standard) to become State-registered nurses in two years and two months. Approval has been granted by the General Nursing Council for England and Wales for an experiment on these lines to last for six years.

There will be an annual intake of about a dozen graduates who will be given an introductory period of four weeks to set the scene of the National Health Service, the hospital in its social setting and to demonstrate the basic elements of nursing care. A period of 12 weeks, working as supernumeraries in a general medical or surgical ward, will be followed by a fortnight's study period and then a further 12 weeks in another general ward. This will comprise the basis for the type of nursing care of the range of diseases and treatment available in a general hospital today.

Teaching — and Practical Experience

Throughout the whole of their training, the graduates will have a weekly study day where much of the teaching will be conducted by means of group discussions and seminars by the tutor to the course, by consultants, by registrars and other specialists. The only formal lecturing will be the attendance at physiology classes with student nurses taking the normal course at the Nightingale School. Work in the wards will be supervised by the group's tutor and clinical instructor and other trained staff. Graduates will work an eight-hour day from 6 to 2 or from 2 to 10. This will ensure that every day in the ward includes a 'peak' period when the maximum experience is to be gained. In the second year a period of night duty will be covered.

Secondment from St. Thomas's is regarded as essential in order that the graduates may see other than the inside of a London teaching hospital. Secondment for psychiatric nursing will be arranged at a mental hospital where it is hoped that some geriatric experience may be gained; obstetric nursing will be included and a short time will be spent with a health visitor and with a district nurse in order that the local services can be seen.

Private Study

It is expected that much of the necessary theoretical work will be done by the graduates in their own time, guidance being given by the tutors, and stimulation being provided by the graduates nursing their own patients from the outset of their training. The experiment leans on the belief that educated intelligence consists largely of linking apparently unrelated facts into a coherent whole. The graduate will be expected to seek out much of her own information and to relate it to the patient in her care, guided by the tutor, her practical skills being supervised by the trained staff. The stimulus of group discussion about various patients will result in a pooling and sharing of information and experience.

Acquiring Practical Skills

Undoubtedly one of the hurdles to be

* A Survey of Graduate Employment. University of Nottingham, 1963.

overcome in a shortened course will be the acquisition of practical skills by people who, rightly or wrongly, will be regarded by some as being naturally unpractical. The graduates themselves may have feelings of limitation in such a situation. But the presence of one clinical instructor to a small group of students should do much to instil the needed confidence by the knowledge that supervision is available and will be withdrawn at the appropriate time. The presence of a number of individuals in the same situation should do much to strengthen the morale of the group.

Only experience can instil the clinical judgment and acumen that is the hallmark of the British nurse. But experience need not be measured in time alone. Guidance and supervised observation can transform "repetitious seeing" into intelligent understanding. The aim of the course is to give the maximum clinical experience in the shortest possible time, and to use it intelligently.

Between the final examinations (for there will be no preliminary or intermediate examination) and the results being posted, a study block to introduce the graduates to responsibilities as trained nurses and to ward administration will be given. Although they will be free to leave on registration, the certificate of the Nightingale School will not be given until six months as a staff nurse have been served. Traditionally anti-registrationist, the Nightingale School prefers to withhold its accolade until a final polish has been given by a period of responsible service on the staff. (The normal student nurse training is four and not three years.)

The finances of the course are being generously met by King Edward's Hospital Fund for London (that has set aside £40,000 for the six-year experiment) and by a substantial sum to be given by the board of governors from the Hospital Endowment Fund. This will pay the salaries of the tutors for the course and enable the graduates to receive a training allowance equivalent to that of second and third year student nurses.

Hospitals have been notoriously slow in taking advantage of the opportunity for experimentation offered by the Nurses' Act. The Nightingale School is to be congratulated on its enterprise and the King's Fund and St. Thomas's Hospital Board of Governors have earned the gratitude of the whole nursing profession for making this much-needed experiment possible.

SCHOOL CLINIC

EDYTH HARPER

"What for must I have a blaster on mine blister?"

Martin, aged six, wriggled uncomfortably on the clinic chair. It had been one thing to march importantly out of the classroom, the proud owner of a blister, singled out from the common herd to go up for treatment. Now, it was different!

He eyed the treatment tray dubiously. Stuff out of bottles could hurt, or taste nasty. Plaster, if not taken off carefully, was painful. Still, it might be worth it. He could always pick at it and get it off, to show the others. He watched resignedly while the blister was treated, then slid off the chair, and moved slowly to the door. It was a pity that he wasn't sure which lesson came next. If it was games, he'd like to go out; but if it meant sums . . . Oh, well! He could always have a tummy pain later.

Tactful bribery was needed for the next patient. Joseph knew splinters *hurt;* he could drive as hard a bargain as any of his race.

"Come over here, Joseph. If you're brave and don't cry, you can have a sweet."

He stayed put. "Four sweets," he said.

"No. Only one for a splinter."

"Three?" hopefully.

"No. Only one."

"Well, one now and one after," he suggested persuasively.

Loud sobs preceded Susie's entrance, clutching her fat little stomach. "I got a

pain in my belly. Make it better" she wailed. Susie was an old hand. She invariably developed a "pain" on her teacher's day off, which as invariably vanished after sucking a medicine spoon. She had unshakeable faith in magnesia.

Francis sat quietly waiting for massage, cutting out pictures and playing with an old Christmas card. Three shepherds on the front of it peered through an oblong aperture onto the middle page where lay the manger. Francis pushed picture after picture into the hole.

"What are you doing that for, Francis?"

"Well — the shepherds are watching television, so I'm changing the programs."

Sandra strolled in dreamily. She wasn't sure who had sent her. Yes, it was Margaret — or perhaps it was Jill. She had had a pain; she had been sick, *very* sick, twice, once at breakfast and once — she couldn't remember when. Her glasses hurt. She didn't know where they were — in the garden perhaps, or on the beach. Could she have a sweet? No. But she was better now! It was *yesterday* that she was sick. She hadn't got a pain now — that was Sunday and could-Margaret-borrow-the-plaster-she'd-bring-it-back!" That's why she'd come.

Bobbie suffered from speech defect. In fact, he sounded exactly like a "Chipmunk's" record played backwards. Bright-eyed and quick-silver, he rarely came to clinic. A jabber of speech yielded no clue but grazed knees told their own tale.

Johnnie had to go into the garden for his exercises. He was tired and lazy.

"Come on Johnnie. Swing your arms up really high and pull a cloud down."

He gave a mighty swoop upwards, stopped and gasped, "Gosh! I've got God down!"

And so an average day goes!

THE DECISION

ANN DUGAS *and* MARY E. DORMAN

Faced with a life of limited activity and semi-invalidism, this young patient had no alternative but to accept the surgeon's recommendation — a total hysterectomy.

Miss Leblanc, an attractive 20-year-old, was admitted to hospital with the diagnosis of "severe menorrhagia with deficiency of factor V.*" The proposed operation was a therapeutic hysterectomy.

The recommended surgery was thoroughly discussed with the family, the clergyman and the patient herself because of the bearing that it had on her future.

FACTORS CONSIDERED

1. Methods of treatment used previously had proven ineffective:

Miss Leblanc had a history of bleeding dating back to early childhood. From two to twelve years, she had experienced frequent and profuse epistaxis. At the age of six, she had almost bled to death after a tonsillectomy. At 12, severe internal hemorrhage occurred after an appendectomy. Following both these operations, transfusions of plasma were given. No improvement was noted until whole blood was administered. At nine years of age, the patient had a severe bout of pneumonia; at 12, she contracted rheumatic fever. Soon afterwards it was noted that a grade one systolic heart murmur had developed.

During the first year of her menses, at the age of 12, Miss Leblanc experienced severe menometrorrhagia. Her periods were irregular and lasted from two to four weeks. At this time she received transfusions every second month. Intravenous estrogens were also administered in order to depress the

* *Factor V* is a globulin found in plasma. It is essential in the process of blood clotting.

How YOU Can be an

ANGEL of COMFORT

1. When the bedridden patient cries out for relief from the smarting or itching discomfort of sheet burns, simple rash, rectal and vulval irritation — suggest medicated, lanolin-rich Resinol Ointment for quick, long-lasting comfort.
2. When baby's skin is chafed, red and raw from diaper rash or dry eczema — use Resinol — it gently soothes the angry, itching irritation.
3. When the children get a burned finger, scraped knee, ivy poison, chapped skin — apply Resinol for quick relief.
4. When older folks suffer from itching skin due to loss of natural oil — soothe and lubricate the dry skin with lanolin-rich Resinol Ointment.

For professional sample of soothing Resinol, write to: Resinol Chemical Co., TCN-49, Baltimore 1, Md.

RESINOL OINTMENT AND SOAP

NURSE...



What can I take for heartburn or acid indigestion?

The answer—TUMS! These mild, minty tablets are so practical to recommend because they're fast acting, long lasting and safe—made of the finest antacid ingredients. They're economical too—only a few cents buys enough for several doses. And they leave no aftertaste—no water or glass needed.



for the tummy

secretions of the gonadotrophic hormones of the anterior pituitary. This therapy was ineffectual.

An adequate trial of aminophyllin therapy was given to Miss Leblanc in an attempt to increase prothrombin activity and thus diminish the prothrombin time. Initially, this was quite effective; two years prior to hospital admission its effectiveness ceased. In order to rule out the possibility of increased heparin production as a cause of the excess bleeding, an injection of protamine sulfate was administered. No improvement was noted.

Thus many forms of therapy had been tried. None of these had proved effective on a permanent basis.

2. The plasma therapy that the patient received was only partially effective in helping her to live a reasonably normal life:

Miss Leblanc's whole life was affected by the blood defect. Because of the irregularity of her menstrual cycle, she had no idea when her periods would begin. Fortunately, she had an understanding and cooperative employer. As soon as she began menstruating she was excused from work and was able to go to hospital for transfusions. Her social activities were reduced to a minimum. She had very little energy, was always tired and found it necessary to be in bed every night by nine o'clock.

3. Even if this regime were continued, there would be danger to her life if she ever married and became pregnant. There would also be serious danger to the baby:

Medical reports and experiences of patients with similar coagulation defects indicate that the baby may die of hemorrhage before birth and that the life of the mother is in grave danger — despite knowledge of the diagnosis in advance.

4. Continuation of plasma therapy would almost certainly result in homologous serum hepatitis.

This condition may occur in individuals who have received blood transfusions or I.V. plasma therapy, due to inoculation with a virus similar to that of epidemic hepatitis. In the use of pooled plasma, the chances of transmission are increased in proportion to the number of donors who contributed.

There was really no question regarding the necessity of this operation. It

was essential if Miss Leblanc was ever to lead a near-normal life. She had been told several years previously that such surgery would probably be essential. She thus had sufficient time to prepare herself mentally for it. She accepted the hysterectomy as being the only solution to her problem.

TREATMENT AND NURSING CARE

1. *Pre-operative:* The objective in this stage was to decrease the patient's clotting and prothrombin time. Numerous transfusions of plasma were given, preceded and followed by the taking of clotting and prothrombin times. This therapy proved to be temporarily effective in that the patient's prothrombin activity increased from 18 to 54 per cent of normal. One hour after the third bottle was administered, the prothrombin activity had again diminished to 29 per cent of normal.

Miss Leblanc's clotting time prior to receiving plasma was 33 minutes. (The normal clotting time — Lee and White method — is six to ten minutes). Following the third bottle of plasma, the clotting time was decreased to 13 minutes.

On the morning of her surgery, Miss Leblanc received four units of plasma. The clotting time following this therapy was 11 minutes; the prothrombin time was 50 per cent of normal. As a precautionary measure, five bottles of whole blood and numerous units of plasma were made available for use in the operating and recovery rooms.

Nursing care, apart from the general care given to any patient who is about to have an abdominal hysterectomy, centred mainly around the transfusion therapy. It was the nurse's responsibility to watch for any untoward reaction to this therapy. Symptoms and signs of hemolytic reaction generally occur shortly after the transfusion has been started. The patient complains of back pain and general discomfort. Evidence of shock appears with a drop in blood pressure, rapid feeble pulse, etc. The transfusion must be stopped immediately, and the physician notified.

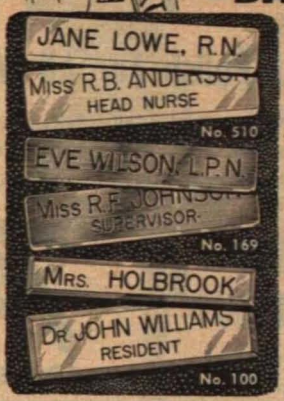
The nurse was able to establish good rapport with Miss Leblanc. The only fear that the latter had concerned the surgery itself and possible complications that might arise from it. She was able to verbalize her fears to her nurse and this seemed to relieve much of her anxiety.

Immediately before the surgery, the same nurse took and recorded the patient's blood pressure, (115/72), administered the pre-operative sedative, and accompanied her to the operating room.

2. *Surgical:* A total abdominal hysterectomy was completed successfully. Since the total blood loss was minimal, whole blood transfusions were unnecessary. Throughout the surgery, the patient received a slow drip of Code Eight. This is a solution of two-thirds 5% glucose in one-third normal saline, used to combat dehydration accom-



Reeves
UNIFORM BADGES



510 Simple, smart, snow-white plastic . . . will never discolor or pull apart.
1 line lettering **60c**
2 lines ____ **90c**

169 Trim, tailored all-metal style . . . polished gold or silver plated.
1 line lettering **90c**
2 lines ____ **1.20**

100 Distinctive snow-white plastic . . . polished gold or silver metal frame.
1 line lettering **1.00**
2 lines ____ **1.30**

Order with coupon below or by letter

America's most popular personalized badges. Unsurpassed quality . . . simple, complementary styling . . . pinback with safety clasp. Deeply engraved, lacquered black or blue Gothic letters. **Complete satisfaction guaranteed.** Group quantity discounts: write for color folder. ACTUAL SIZE: 2¼" WIDE

TO: **REEVES COMPANY,** Box 719, Attleboro, Mass.
Please send Uniform Badge below. I enclose cash, M.O. or check (Sorry no COD's).
BADGE DESIRED: No. _____ as shown above.
NAME TO BE ENGRAVED:

METAL FINISH (169 or 100) Gold ☐ Silver ☐
LETTERING: Black ☐ Dark Blue ☐

Name _____
Address _____
City _____ Zone ____ State _____

KEEP THAT CRISP, CLEAN LOOK FROM HEAD TO TOE——

AVAILABLE ONLY WHERE SHOES ARE SOLD OR REPAIRED

booty white

The Best Polish For All White Shoes

- STAYS WHITE LONGER
- CLEANS AND PRESERVES
- DOES NOT RUBB OFF
- ABSOLUTELY NON-TOXIC
- DEODORIZES AND KILLS BACTERIA



BOOTY WHITE BY Tilley's

TILLEY'S LIMITED, 430 COLLEGE STREET, TORONTO, ONTARIO.

panied by loss of salt and liver glycogen and for its general supportive effect. Before being transported to the recovery room, Miss Leblanc received 250 cc. of plasma.

3. *Postoperative:*

a. Immediate care: The recovery room nurse made certain that Miss Leblanc was lying in a semiprone position; in this position she could breathe normally and was in no danger of aspirating mucus. The blood pressure and pulse were taken frequently so that any indication of shock or hemorrhage could be detected at once. The dressings were checked for any drainage or bleeding. None was noted. Miss Leblanc's blood pressure ranged from 118/78 to 130/70; pulse 84-96; respirations 20-28. The patient was returned to her room in the early afternoon.

b. Further care: Miss Leblanc's postoperative period proved uneventful until three days prior to her tentative date of discharge. At that time she started to hemorrhage and to pass numerous large blood clots through the vagina. Whole blood and plasma transfusions were given. The surgeon inserted vaginal packing of oxycel — a form of surgical gauze that exerts a hemostatic effect. The bleeding continued. That night Miss Leblanc was prepared for emergency surgery — a resuturing of the vaginal vault.

Following this, the patient received more plasma and was kept on complete bed rest. In a few days, however, she hemorrhaged again. A second vaginal resuturing was done. This completely controlled the bleeding. Five weeks following admission to hospital, Miss Leblanc was discharged to her home.

Although this operation has removed the most serious complication of the patient's blood dyscrasia, it has not lessened her tendency to bleed. Miss Leblanc must keep this in mind as she begins her new life. Since returning home she reports that she is feeling much better and is enjoying her social activities. As yet, she has not returned to work, but plans to do so in the near future.

The decision — a difficult one — had been made. The patient is now able to lead a more nearly normal life, not just a mere existence.

Bibliography

Brown, A. F. *Medical Nursing.* Philadelphia, W. B. Saunders Co., 1957.

Conn, H. F. *Current Therapy.* Philadelphia, W. B. Saunders Co., 1954.

Crossin, R. J. *Gynecological Nursing.* St. Louis, The C. V. Mosby Co., 1956.

Krug, E. E. *Pharmacology in Nursing.* St. Louis, The C. V. Mosby Co., 1960.

About Books

Becoming a Nurse By Dr. Aileen D. Ross, Department of Sociology and Anthropology, McGill University. 420 pages. The Macmillan Company of Canada Limited, 70 Bond St., Toronto.

Reviewed by Miss Dorothy Dent, 265 Daly Ave., Ottawa, Ont.

After having read this book three times it is with a feeling of ambivalence that I write the review. The author, in the opening chapter, showed great admiration for nurses and the profession: "its main task is to describe the way in which young, inexperienced, and often immature girls are moulded into efficient and reliable nurses." Yet, as I read on, absorbing the different experiences that student nurses have undergone, I found myself amazed that many did not become crippled mentally. The impact of these anxiety-producing experiences was offset, however, by the tribal units student nurses formed for protection and in an effort to maintain their individuality. From these "tribes" sprang the need for student councils.

I feel that this book is late in coming out since I do not think that the tyranny of discipline, as outlined, exists any longer. It could be that the book was too long in the process of production. The people it could best serve now are lay people who have a certain jurisdiction over nurses, such as boards of governors, directors of hospitals and even those persons in charge of nurses' residences. Its only value to the nurse would be its controversial nature. *Anything*, and I repeat, *anything* that causes nurses to be more vocal is good.

The author states that nursing has changed greatly since the second World War. I feel that it is *still* going through a transient stage of specialization and I hope toward an era of better communication. The desire for nursing educators to have higher standards and to achieve prestige comparable to other professions means higher educational qualifications for entry, with university experience following graduation.

The trend today is for a nurse's preparation to be much more of an educational process and less of an apprenticeship. Many experiments are being attempted, such as separating the nursing school from the hospital, thus divorcing the nursing needs of the student from the nursing needs of the hospital. It is recognized that the nurse of the future must be a top-level practitioner. Medical men are becoming more willing to share their responsibilities with nurses. Psychiatrists, for instance, are relying more and more on nurses and their observations for treatment of mentally ill or disturbed patients.

The text points out that the life process, in all its manifestations, is a function of the organism-environment field. Nothing can ever happen inside us except it be in response to something happening outside.

I have studied and viewed the present-day student in action from the role of patient many times in the past 15 years. I have noted very few with any signs of anxiety as portrayed in this book. I recall with amusement the following incident. I have a most difficult time to sleep when in hospital. One morning at 1:30 A.M. I was still staring at the four walls. I finally rang my bell and asked the student nurse for a cup of hot milk. As she was handing it to me I looked up and said "I don't think this is of much value!" The nurse drew herself up very disdainfully and said "Purely psychological! purely psychological!" Then, she added "But we do find it helps some of our aging patients!" And with that she turned



A VACATION PARADISE

Alberta's finest guest ranch in the heart of the beautiful Rockies, featuring scenic trail rides, hunting, fishing, cookouts, swimming and dancing Western style. Fun unlimited for all ages. Completely modern. Informal and inexpensive. Reservations only.

Write, wire or phone 627-2149

"JO" & BUCKHORN GUEST RANCHES LTD.,
PINCHER CREEK, ALBERTA

Free brochures with rates available upon request.

and walked out. My intuitive powers told me that this nurse would get through with the minimum of anxiety!

I have been much intrigued with this text. May I suggest to the author, however, that she write another on, "What is the nurse becoming?" I, and many others, would like to see our profession, *as it is to-day*, through the mind of the same author.

Introduction to Obstetrics by George Herbert Green, B.A., B.Sc., M.B., M.R.C.O.G. 208 pages. N. M. Peryer Limited, Christchurch, New Zealand. 1962.

Reviewed by Mrs. M. Ann Cole, Instructor in Obstetrical Nursing, Brockville General Hospital, Brockville, Ont.

The text is nicely presented and most concisely organized making it an excellent "review" of obstetrics at the nursing level. I would assume, however, that it has been compiled for the use of the graduate nurse rather than the student as its title might imply. It is pertinent without the detail included in most obstetrical nursing text.

It would be my feeling that this would be a worthwhile addition to any obstetrical unit's library. I have found it an excellent guide in my teaching program.

INSTITUT ALBERT-PREVOST

PSYCHIATRIC TREATMENT, RESEARCH AND TEACHING CENTER

150-bed hospital, situated on the banks of the Rivière-des-Prairies river, 20 minutes from downtown Montreal, integrated to the University of Montreal Teaching program, offers the following posts to graduate nurses specialized in psychiatry:

ASSISTANT-DIRECTOR
DAY, EVENING AND NIGHT SUPERVISORS
CLINICAL INSTRUCTORS (POSTGRADUATE COURSE IN PSYCHIATRIC NURSING)
ALSO, OPENINGS IN OUT-PATIENTS CLINIC

The candidates must have experience in psychiatry and have the necessary qualifications for the posts mentioned.

Very generous fringe benefits. Salary commensurate with qualifications and responsibilities involved.

For further information please write to:

Nursing Director
INSTITUT ALBERT-PREVOST
6555 Gouin Blvd., West, Montreal 9, Quebec

EMPLOYMENT OPPORTUNITIES

ADVERTISING RATES

Canada and Bermuda:
$7.50 for 3 lines or less; $1.50 for each additional line.
U.S.A. and Foreign:
$10.00 for 3 lines or less; $3.00 for each additional line.
Rates for display advertisements on request
All advertisements published in both English and French issues.
Closing date for insertion or cancellation orders, TWO MONTHS prior to date of publication

The Canadian Nurses' Association has not reviewed the personnel policies of the hospitals and agencies advertising in the Journal. For authentic information, prospective applicants should apply to the registered Nurses' Association of the Province in which they are interested in working.

Address correspondence to:

THE CANADIAN NURSE JOURNAL
1522 SHERBROOKE STREET WEST, MONTREAL 25, QUEBEC

ALBERTA

Director of Nursing — Alberta. Modern 25-bed hospital located on highway no. 12. New residence with matron's suite. Apply to: The Administrator, Municipal Hospital, Coronation, Alberta. 1-25-1A

Nursing Arts Instructress and Clinical Instructress, applications are invited. For further details apply to: The Director of Nursing, Archer Memorial Hospital, Lamont, Alberta. 1-55-1

Registered Nurse (1) for modern 25-bed hospital. Basic salary $315/m, plus $10 per year in consideration of experience — to a max. of 3 yrs. Accommodation and board $35. Apply: The Matron, Municipal Hospital, Coronation, Alberta. 1-25-1

Registered Nurses (2) for new active 27-bed hospital situated 20-mi. from Jasper National Park on main line C.N.R. Basic salary $300 with credit for previous experience. Annual increments. Good personnel policies. M.S.I. and Blue Cross. Full board in modern residence: $35/m. Apply: Director of Nursing, Municipal Hospital, Hinton, Alberta. 1-47-1

Registered Nurses for busy 44-bed active treatment hospital. Salary: $325 per mo. with bi-yearly increments. Excellent accommodation in recently opened nurses' residence. Medical and Hospitalization Group Plans. Liberal Holiday and sick schedule. Apply: Holy Cross Hospital, Box 339, Spirit River, Alberta. 1-81-1

Registered Nurses (immediately) for 54-bed hospital. Basic salary $300/m with 3 annual increments to $345, increment adjusted to previous experience. Group medical, hospitalization and pension plan. 40-hr. wk., 31 days' vacation after one year, accommodation in residence $35. Apply: Director of Nursing, Municipal Hospital, Vermilion, Alberta. 1-90-2

Registered Nurses for new active 89-bed hospital. Starting salary $300 and increase to $350 max., AARN policy in force, new Nurses' Home with board and room and laundry $35/m. For full particulars write to: Director of Nurses, Municipal Hospital, Wetaskiwin, Alberta. 1-96-1

Registered Nurses for General Duty for 37-bed Municipal Hospital, separate residence, Town of 1,400 population in South Central Alberta. Starting salary $300, yearly increases $15 max. $345, board and room $20/m. Apply in writing: Matron, Municipal Hospital, Vulcan, Alberta. 1-93-1

General Duty Nurses for well-equipped 76-bed hospital in active town of 3,000. Salary $300-$350 for Alberta registered; $290-$340 for non Alberta registered. New separate residence, excellent personnel policies & working conditions. Apply to: Director of Nursing, Brooks General Hospital, Brooks, Alberta. 1-13-1

General Duty Nurses. Starting salary: $300 per mo., 40 hr. work wk. Room, board & laundry available, if desired, at nominal rates. Civil Service holiday, sick leave & pension benefits. Apply to: Baker Memorial Sanatorium, Dept. of Public Health, Calgary, Alberta. 1-14-3

General Duty Nurses for large new active treatment hospital opening this spring. Full or part time employment, good working conditions, orientation program, excellent personnel policies including group life insurance, pension, sick leave, hospital plan, vacation, etc. Credit given for postgraduate work and past experience. Opportunities for advancement. Apply: Associate Director Nursing Service, Royal Alexandra Hospital, Edmonton, Alberta. 1-33-9

General Duty Nurses (2) for 51-bed active treatment hospital situated in the east central part of Alberta. Starting salary: $310 with 6 semi-annual increments of $7.50, 2 increments allowed for experience. 40-hr. wk. Room and board $30/m. Hospitalization and pension benefits available. For further information contact: Miss Carmen Lee, Director of Nursing, Municipal Hospital, Elk Point, Alberta. 1-34-1

General Duty Nurse for 34-bed hospital, salary $300-$345/m commencing at $315 with 1 year practical experience. Train fare from any point in Canada will be refunded after 1 year employment. **One nurse** with Alberta Registration to assume operating room and Assistant Matron duties. Salary commensurate with training and/or experience. For full particulars apply to: Municipal Hospital, Two Hills, Alberta. Phone 335. 1-88-1

General Duty Nurses for 54-bed active treatment hospital situated on main C.N.R. line, 128 mi. southeast of Edmonton. Basic salary: $300/m. with 3 annual increments of $15/m. Full recognition given for past experience. Apply to: Matron, Municipal Hospital, Wainwright, Alberta. 1-94-1

Public Health Nurses (Qualified) for the City of Edmonton Health Dept. Salary: $4,140 to $4,980 over 5 yr. 5-day wk., vacation, sick leave and retirement plan. Apply to: Miss C. Rose, Secretary, Local Board of Health, 770 City Hall, Edmonton, Alberta. 1-33-14

NURSES fully qualified for 30-bed active treatment hospital. New hospital building and recently renovated nurses' residence. Unless definitely interested in coming, please do not apply. Personnel policies sent upon request. Apply to: Mrs. M. Hislop, Superintendent, Municipal Hospital, Bassano, Alberta. 1-5-1

BRITISH COLUMBIA

Clinical Instructors (applications invited immediately) — Medical and Surgical areas. — Degree preferred but some university preparation essential. Excellent personnel policies. Apply, giving all particulars, to: Director of Nursing, Royal Jubilee Hospital, Victoria, British Columbia. 2-76-4

Psychiatric Unit: Nurses, preferably with P.G., for small, new unit in General Hospital. Services coordinated with new mental health clinic. Apply: Director of Nursing, General Hospital, Kelowna, British Columbia. 2-34-1

Matron for 31-bed hospital. Salary: $400/m. with annual increments to $500. 3-room furnished suite and board $33. Hospital fully staffed. B.C. registration required. Previous experience as matron not necessary, but applicants must have supervisory ability. Enquiries to: Administrator, General Hospital, Ocean Falls, British Columbia. 2-49-1

Registered Nurses (2) for 30-bed active hospital. RNABC policies in effect. Nurses' home. Apply: Director of nursing, Creston Valley Hospital Association, Creston, British Columbia. 2-16-1

General Duty Nurses for small active hospital. Salary $294 for unregistered Nurses in B.C. $312 registered, with yearly increments. Nurses' home available. For further particulars write: The Administrator, Lady Minto Hospital, Ashcroft, British Columbia. 2-4-1

General Duty Nurses for active 30-bed hospital. RNABC policies and schedules in effect also Northern allowance. Accommodations available in residence. Apply: Director of Nursing, General Hospital, Fort Nelson, British Columbia. 2-23-1

General Duty Nurses for permanent staff and summer relief for 30-bed Fraser Canyon Hospital. Apply to: Director of Nursing, Hope, British Columbia. 2-30-1

General Duty Nurses for 200-bed General Hospital with School of Nursing. Salary range $320 to $387. Preplanned shift rotation, B.C. registration essential, 4-wk. vacation after 1-yr. Apply: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia. 2-32-1

General Duty Nurses for 27-bed hospital situated in the Scenic Fraser Canyon, 4 hours from Vancouver. Salary and benefits as per RNABC's agreement; $305 non-registered; $320 B.C. registered. Nurses' residence available. MSA Medical. Apply: Administrator, St. Bartholomew's Hospital, Lytton, British Columbia. 2-39-1

Staff Nurses for 15-bed private hospital at Bralorne, B.C. Attractive nurses' residence, good recreational facilities, personnel policies according to RNABC agreement. Apply: The Matron, Bralorne Hospital, Bralorne, British Columbia. 2-7-1A

General Duty Nurses for 110-bed hospital in northwestern B.C. Salary—B.C. registered $335-$402, non-registered $320. Newly furnished residence with T.V. Good social activities, including bowling, curling, tennis and year-round swimming. Full personnel benefits including travel allowance. Apply to: Director of Nursing, General Hospital, Prince Rupert, British Columbia. 2-58-2

General Duty Nurses for well-equipped 80-bed General Hospital in beautiful inland valley adjacent Lake Kathlyn and Hudson Bay Glacier. Initial salary $324, maintenance $47.50, 40-hr. 5-day wk., 4-wk. vacation. Boating, fishing, swimming, golfing, curling, skating, skiing. Comfortable nurses' residence, rail fare advanced if necessary. Apply: Sacred Heart Hospital, Smithers, British Columbia. 2-73-13

General Duty, Operating Room & Experienced Obstetrical Nurses for 434-bed hospital with school of nursing. Salary: $320-$387. Credit for past experience & postgraduate training. 40-hr. wk. Statutory holidays. Annual increments; cumulative sick leave; pension plan; 28-days annual vacation; B.C. registration required. Apply: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia. 2-73-13

Graduate Nurses and Certified Nursing Assistants for 70-bed acute General Hospital on Pacific Coast. Salary for B.C. registered $309 with regular increments; unregistered $294; Nursing Assistants $205-$225. Board and room $25 per mo., 28-day vacation plus 10 statutory holidays after 1 year. Superannuation and medical plans. Apply: Director of Nursing, St. George's Hospital, Alert Bay, British Columbia. 2-2-1

Graduate Nurses for 60-bed modern hospital in resort area on Vancouver Island. R.N. basic rate $320/m with yearly increments according to RNABC personnel policies. Enquiries: Director of Nursing, Campbell River & District General Hospital, Campbell River, British Columbia. 2-9-1

Operating Room, Obstetrical and General Duty Nurses, British Columbia registered, for modern 450-bed acute General Hospital, located on South Vancouver Island. Basic salary $320, credit for experience & postgraduate preparation, personnel policies in accordance with RNABC. For particulars write to: Director of Nursing Service, St. Joseph's Hospital, Victoria, British Columbia. 2-76-5

Nurses two for 30-bed hospital. Salaries as per B.C. Registered Nurses' agreement. Comfortable nurses' home. Apply to: Miss H. Campbell, R.N., Director of Nursing. Community Hospital, Grand Forks, British Columbia. 2-27-1

MANITOBA

Matron and Registered Nurses for Vita District Hospital at Vita, Manitoba. 70-mi. from Winnipeg by paved road. Full benefits, top salaries. Write: W. Eliuk, Sundown, Manitoba. 3-68-1A

Registered Nurses (2), 1 L.P.N. for new 17-bed General Hospital. R.N. salary $320 with increments to $380. L.P.N. $225 to $265. Apply: Superintendent, E. M. Crowe Memorial Hospital, Eriksdale, Manitoba. 3-22-1

NURSING WITH

Medical Services Directorate



REGISTERED HOSPITAL NURSES
PUBLIC HEALTH NURSES
AND
CERTIFIED AUXILIARY NURSES

For service to Indians across Canada, Eskimos and the population of the Yukon and Northwest Territories.

Those interested in positions at the following locations should write to: Fisher River Hospital, HODGSON, MAN.; Miller Bay Hospital, PRINCE RUPERT, B.C.; Moose Factory Hospital, MOOSE FACTORY, ONT; Norway House Hospital, NORWAY HOUSE, MAN.; Sioux Lookout Indian Hospital, SIOUX LOOKOUT, ONT.; Nanaimo Indian Hospital, NANAIMO, B.C.

Information on these and other positions is available from Medical Services Directorate, Department of National Health and Welfare, in Vancouver, Edmonton, Regina, Winnipeg, Ottawa and Quebec, or from the

Director, Personnel Services,

DEPARTMENT OF NATIONAL HEALTH AND WELFARE, OTTAWA

General Duty Registered Nurses for 62-bed General Hospital situated in a progressive community in western Manitoba. Building project in planning stage. Salary $310-$360 from January 1, 1963. Residence accommodation available. For further particulars please contact: Miss E. R. Shacklady, Director of Nurses, Swan River Hospital, Swan River, Manitoba. 3-62-1

Registered General Duty Nurses (Immediately) for 34-bed hospital. Basic salary: $320 with $10 increments. 5-day wk. equivalent. Good personnel policies. For particulars contact: Director of Nurses, District Hosiptal, Souris, Manitoba. 3-58-1

Graduate Nurses (4 or more immediately). Basic salary: $305 plus allowance for past experience. $5.00 increments every 6 mo. Separate residence with room and board available at $45 per mo. Free launary of uniforms. Group insurance available. Apply: The Administrator, or, The Matron, The Altona Hospital District No. 24, P.O. Box 600, Altona, Manitoba. 3-1-1

NEWFOUNDLAND

Registered Nurses for General Duty and Operating Room for 100-bed hospital. Nfld. Gov't. salary plus $150 bonus at end of each 6-mo. service. One way transportation paid. 2-wk. paid vacation after one year, 8 statutory holidays. Apply: Miss Ella Lefever, R.N., Nurse-in-charge, Notre Dame Bay Memorial Hospital, Twillingate, Newfoundland. 5-13-1

NOVA SCOTIA

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia. 6-21-1

ONTARIO

Director of Nursing (Commencing July 1st). Applications for this position are invited by New Liskeard and District Hospital. Qualifications: Graduation from an approved school of nursing, preferably with equivalent of diploma course in nursing unit administration, or better, and at least 5 yr. experience. Duties: Involve planning, direction and supervision of all nursing service, as well as other responsibilities incidental to a small 42-bed hospital. Salary and benefits: Salary commensurate with ability. Usual fringe benefits. Furnished accommodation in new nurses' residence. Apply to: Administrator, Box 340, New Liskeard, Ontario. 7-83-1

Director of Nursing Service for 30-bed General Hospital with new hospital plan in the offing. Salary commensurate with qualifications and experience. Apply stating qualifications to: Superintendent, Louise Marshall Hospital, Mount Forest, Ontario. 7-82-1

Nursing Supervisors Registered Nurses and Cert. N. Ass'ts. Positions available on staff of 90-bed hospital. Community favorably located, 50-mi. south-west of Ottawa, 60-mi. north-east of Kingston; population 10,000. Apply to: Director of Nursing Service, St. Francis General Hospital, Smiths Falls. Ontario. 7-120-1

Nurse Supervisor, Ontario Registration necessary, to assume responsibility for modern 12-bed hospital and health program. Residential school — children 6 to 18 years. Duties to commence September 1, 1963. Good nursing background and experience with children desirable. Required to live in. Private apartment available. Lengthy summer vacation. Good salary and personnel policies. Apply to: Superintendent, Ontario School for the Blind, Brantford, Ontario. 7-17-5

Supervisor of Nurses for generalized program. Minimum salary $5,150, with allowance for experience. Pension, P.S.I., Ontario Hospital Services, accumulative sick leave and generous car allowance. Apply to: Dr. W. C. MacPherson, Director, Port Arthur and District Health Unit, 93 Balsam Street, Port Arthur, Ontario. 7-106-3

Head Nurse for Medical-Surgical Unit. Postgraduate study preferred, past experience essential. Salary in accordance with preparation. Attractive personnel policies. Apply to: Director of Nursing, The Doctors Hospital, 45 Brunswick Ave., Toronto 4, Ontario. 7-133-9

Registered Nurses for 100-bed General Hospital, salary $340 with four $10 increments, OHA pension plan in effect, good personnel policies, accommodation in residence if desired. For particulars apply to: The Director of Nurses, Lady Minto Hospital, Cochrane, Ontario. 7-30-1

Registered Nurses for 34-bed hospital, min. salary $340, 3-wk. vacation with pay, sick leave after 6-mo. service. **All staff** — 5-day 40-hr. wk., 9 statutory holidays, pension plan & other benefits. Apply to: Superintendent, Englehart & District Hospital, Englehart, Ontario. 7-40-1

Registered Nurses for 52-bed Hospital. Excellent personnel policies and fringe benefits. Apply to: Director of Nursing, South Huron Hospital, Exeter, Ontario. 7-42-1

Registered Nurses (2) for Cassellholme, East Nipissing District, Home for the Aged. Applications stating qualifications and experience, if any, will be received by the undersigned: J. R. McMillin, Secretary, Board of Management, 400 Olive Street, North Bay, Ontario. 7-88-1A

Registered Nurses for 30-bed active General Hospital, 45-mi. from Toronto. 40-hr. wk., O.H.S.C. and P.S.I., 50% payment by hospital, Hospitals of Ontario Pension Plan, 18-day sick leave/yr. For further information apply to: Superintendant, Community Memorial Hospital, Port Perry, Ontario. 7-109-1

Registered Nurses and Certified Nursing Assistants for well-equipped 75-bed hospital in progressive town of 6,500, situated midway between Winnipeg and the Canadian Lakehead. Reg.N., $319 and Cert.N.Ass'ts, $224/m with single room accommodation available in modern nurses' residence. Excellent personnel policies. For further information, please phone or write: The Director of Nursing, Dryden District General Hospital, Dryden, Ontario. 7-36-1

Registered Nurses, Certified Nursing Assistants (IMMEDIATELY) for 40-bed hospital in pleasant town of 5,000. 42-hr. wk. with good rotation shifts, providing long weekends every 4 wks. Good salaries and personnel policies. For further details and application, apply: Administrator, General Hospital, Espanola, Ontario. 7-41-1

Registered Nurses and Certified Nursing Assistants for 160-bed accredited hospital. Starting salary $340 and $235 respectively with regular annual increments for both. Excellent personnel policies. Residence accommodation available. Assistance with transportation can be arranged. Apply to: Director of Nursing, Kirkland & District Hospital, Kirkland Lake, Ontario. 7-67-1

THE HOSPITAL FOR SICK CHILDREN



YOU RECEIVE THE ADVANTAGES OF:

★ FIVE-WEEK ORIENTATION PROGRAM FOR NEW STAFF

★ ONGOING INSERVICE EDUCATION FOR NURSES

★ EXTENSIVE STUDENT EDUCATION PROGRAM

★ RESEARCH INSTITUTE

APPLICATION FOR GENERAL DUTY POSITIONS INVITED

FOR INFORMATION CONTACT:

THE DIRECTOR OF NURSING

555 UNIVERSITY AVENUE, TORONTO, CANADA

Registered Nurses and Certified Nursing Assistants for immediate and future vacancies in this 42-bed hospital. Starting salaries $335 and $225, respectively. Accommodation in new residence available. Usual fringe benefits. For full information, apply to: Director of Nursing, New Liskeard and District Hospital, New Liskeard, Ontario. 7-83-1

Registered Nurses and Certified Nursing Assistants for 26-bed hospital. R.N. minimum salary $340, maximum $380, 28-day vacation after 1-yr. C.N.A. minimum salary $244, maximum $275, good personnel policies, 2-wk. vacation after 1-yr., 3-wk. after 2 yrs. Credit for past experience, $5.00 increment every 6 mo., 40-hr. wk. 8 statutory holidays. Room & board $45 per mo., 1-day sick leave per mo. Apply to: Mrs. G. Gordon, Superintendent, District Memorial Hospital, Box 37, Nipigon, Ontario. 7-87-1

Registered Nurses and Registered Nursing Assistants for 60-bed hospital. Excellent personnel policies includes 5-day wk., 8 statutory holidays and pension plan. The town has a fine quarry for your swimming pleasure and Stratford's Shakespearian Festival is only a few miles away. Apply: Superintendent, Memorial Hospital, St. Marys, Ontario. 7-112-1

Registered Nurses, general floor duty, rotation shifts. Modern residence accommodation. Basic salary: $350 with 6 monthly increments for 2 yrs. Room and board (maintenance) $45. Apply to: Matron, Margaret Cochenour Memorial Hospital, Cochenour, Ontario. 7-29-1

Registered Nurses for General Duty and summer relief in modern 40-bed hospital in resort town on beautiful Lake Huron. Starting salary $315, 40-hr. wk., 10 working days sick leave in one year, 50% unused sick leave paid at end of year. 50% single OHSC, PSI and Group Life Insurance premiums given. 8 statutory holidays, 4-wk. vacation after one year. Board and room $30. Apply: Superintendent, Saugeen Memorial Hospital, Southampton, Ontario. 7-122-1

Registered Nurses for General Duty & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 80,000 people. **Salary: $325 per mo.** with annual merit increments, plus **annual bonus plan,** 40-hr. wk. Recognition for experience. Good personnel policies. Assistance with transportation can be arranged. Apply: Director of Nursing, Memorial Hospital, **Sudbury,** Ontario. 7-127-4

Registered Nurses for General Duty in modern 18-bed Private Hospital in iron mining town, 140 miles north of Sault Ste. Marie, Ontario. Starting salary $310 min. to $360 max., less $20 per mo. maintenance. Recognition for experience up to 3 years. Good accommodations & personnel policies. Transportation allowance after 6-mo. **Operating Room Nurse** starting salary $364 min. with postgraduate course to $414 max. with recognition for experience. Apply: Superintendent of Nurses, Lady Dunn Hospital, Wawa, Ontario. 7-140-1

Registered or Graduate Nurses for modern 100-bed hospital located in summer resort district, 40-mi. from Ottawa. Apply: Director of Nursing, Public Hospital, Smiths Falls, Ontario. 7-120-2

Registered General Duty Nurse for 30-bed General Hospital. 5-day, 40-hr. wk. with 3-wk. annual vacation, pension plan, etc. Apply stating qualifications to: Superintendent, Louise Marshall Hospital, Mount Forest, Ontario. 7-82-1

General Duty Registered Nurses for surgical, medical and obstetrical wards. Small sized hospital near Ottawa. Apply to: Superintendent, Kemptville District Hospital, Kemptville, Ontario. 7-63-1

General Duty Nurses for an accredited 66-bed hospital. Starting salary: $325. Excellent personnel policies, pension plan, residence accommodation only 10 min. from downtown Buffalo. Apply: Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario. 7-45-1

General Duty Nurses for new 70-bed hospital in Muskoka District. Starting salary $305/m., good personnel policies. Apply: Director of Nursing, Huntsville District Memorial Hospital, Huntsville, Ontario. 7-59-1

General Duty Nurses for modern 100-bed hospital. Registered Nurses $315-$345 per mo., Graduates $250-$295; 40-hr. wk., benefits include accident, sickness and life insurance, hospital and medical insurance plans, & OHA Pension Plan. Apply: Miss Tillett, Director of Nursing, Leamington District Memorial Hospital, Leamington, Ontario. 7-69-1

General Duty Nurses for 100-bed modern hospital, southwestern Ontario, 32 mi. from London. Salary commensurate with experience & ability; $300 basic salary. Residence accommodation available. Pension plan. Apply giving full particulars to: The Director of Nurses, District Memorial Hospital, Tillsonburg, Ontario. 7-131-1

General Duty Nurses Male & Female & Certified Nursing Assistants (Immediately) for 86-bed hospital, 40-hr. wk., 8 statutory holidays & other employee benefits. Collingwood is situated on Georgian Bay & is noted as a vacationland with 7-mi. sand beach and great skiing on the Blue Mountains in winter. For further information apply: Director of Nursing Services, General and Marine Hospital, Collingwood, Ontario. 7-31-1

General Duty Nurses & Certified Nursing Assistants for new 50-bed hospital with modern equipment. 40-hr. wk., 8 statutory holidays, excellent personnel policies & opportunity for advancement. Tourist town on Georgian Bay. Good bus connections to Toronto. Apply to: Director of Nurses, General Hospital, **Meaford,** Ontario. 7-79-1

Public Health Nurse for a completely generalized program. Salary range, pension plan and other personnel data gladly supplied on request. Applicant must have car. Apply to: Dr. W. H. Cross, Director, Muskoka District Health Unit, Box 1019, Bracebridge, Ontario. 7-15-2

Public Health Nurses (Qualified) for generalized public health program. Allowance for experience. 4-wk. vacation, car allowance, pension plan, hospitalization and P.S.I. For further information write: Dr. G. Murray Fraser, Director, Brant County Health Unit, Brantford, Ontario. 7-17-4

Public Health Nurses (Qualified) for generalized program by Stormont, Dundas and Glengarry Health Unit, located in the Seaway Valley area. Minimum salary $3,700 with a commensurate increase upon satisfactory completion of 12 mo. service. Allowance for experience. 5-day wk. P.S.I. Employer-shared group insurance, pension plan and Ontario hospital insurance. 3-wk. vacation. Cumulative sick leave credits, 1/2 paid as bonus upon separation after 3-yr. service Generous car allowance. Apply in writing giving full particulars to: Miss Glenna French, Supervisor of Nursing, Box 1058, Cornwall, Ontario. 7-34-5

THE VANCOUVER GENERAL HOSPITAL

Invites applications for the position of

DIRECTOR OF NURSING

The position, which requires the direction and leadership of a nursing staff for a teaching hospital of 1,600 beds including a School of Nursing of 500 students is immediately assisted by three Associate Directors of Nursing. These three positions are in the nursing areas of Nursing Service, Operating Rooms and Nursing Education.

The Director of Nursing carries line responsibility to the Executive Director of the Hospital.

The position requires proven and potential growth executive abilities, related to the nursing function of a large modern hospital.

All enquiries received will be answered.

Personnel Director,
THE VANCOUVER GENERAL HOSPITAL,
10th Avenue and Heather Street, Vancouver 9, British Columbia.

Public Health Nurse (Qualified) for generalized program. Minimum salary $3,900 with annual increments, and allowance made for experienced nurses. Apply to: Supervisor of Nursing, Fort William and District Health Unit, 900 Arthur Street, Fort William, Ontario. 7-47-4

Public Health Nurses (Qualified) for generalized program. Basic salary $3,900, good personnel policies, car expense allowance, hospitalization and Blue Cross 50% employer paid, group insurance and Pension Plan. Apply to: Dr. R. M. Aldis, Medical Officer of Health, Huron County Health Unit, Box 1060, Goderich, Ontario. 7-51-2

Public Health Nurse (qualified) for generalized program. Salary range $4,000 to $5,000. Car provided, pension plan, attractive personnel policies. Cost of travelling to Kenora provided. Apply to: Mr. D. T. McLeod, Northwestern Health Unit, Box 250, Kenora, Ontario. 7-64-3

Public Health Nurses (Qualified) for generalized program in a highly urbanized and rural area. Salary: $3,900 to $4,650. For further information apply to: Dr. A. F. Bull, Medical Officer of Health, Halton County Health Unit, Milton, Ontario. 7-81-2

Public Health Nurses (qualified). Salary $3,900 - $4,875. Annual increment $195. Transportation provided, the usual employee benefits. Apply: Dr. C. C. Stewart, Medical Officer of Health, City Hall, 50 Center Street, Oshawa, Ontario. 7-92-2

Public Health Nurses (Qualified) for generalized program with City of Peterborough. Salary range: $3,950-$4,700. Personnel policy available on request. Apply to: J. R. Anderson ,M.D., D.P.H., Medical Officer of Health, City Hall, Peterborough, Ontario. 7-101-3

Public Health Nurses. Salary: $4,000 to $5,000, annual increment $200, allowance for experience. Hospital plan, P.S.I., sick leave, pension plan, 4-wk. vacation, generous car allowance. Nurse will reside in a city of 46,000 pop. Apply: Dr. W. C. MacPherson, Director, Port Arthur and District Health Unit, 93 Balsam St., Port Arthur, Ontario. 7-106-3

Public Health Nurses (qualified) for generalized nursing service. Salary range: $3,800-$4,750 based on experience. Apply to: Dr. J. M. McGarry, M.O.H. St-Catharines-Lincoln Health Unit, St. Catharines, Ontario. 7-111-4

Public Health Nurses (2) for generalized program. Pension, surgical-medical, group ins. and cumulative sick leave plans available. Minimum salary: $3,700 with adjustments for experience. Car provided, or optional choice of mileage plans. Apply to: T. H. Alton, Sec.-Treasurer, Bruce County Health Unit, P.O. Box 70, Walkerton, Ontario. 7-138-2

Public Health Nurses (qualified) for a generalized program in the Township of North York (pop. over 279,000) adjacent to Toronto. Salary range $4,112 - $4,704/annum. Starting salary based on previous experience. This is a permanent appointment with excellent employee benefits, car allowance, etc. Apply either by letter or in person to: Personnel Department, 5000 Yonge Street, Willowdale, Ontario. 7-150-1

Staff Nurses for all nursing units of a 325-bed, fully accredited General Hospital located in downtown area. Orientation and in-service program. Rotating hours of duty. Attractive salary & fringe benefits. Apply to: Director of Nursing, The Doctors Hospital, 45 Brunswick Avenue, Toronto 4, Ontario. 7-133-9

School of Hygiene, University of Toronto. Nurse required for occupational health survey. Applicant should have university degree, industrial experience and a knowledge of research techniques. Salary: $6,000/annum. Applications to: Dr. J. R. Brown, Department of Physiological Hygiene, School of Hygiene, 150 College St., Toronto, 5, Ontario. 7-133-68A

BERMUDA

Registered Nurses for General Staff. Salary commences at £52.10.0 per mo. Full maintenance in new residence. Transportation allowance. For full particulars, apply: Matron, King Edward VII Memorial Hospital, Bermuda. 13-1-1A

QUEBEC

Night Supervisor for Shriners Hospital for Crippled Children, excellent personnel policies. Apply: Miss Flora M. Lamont, Administrator, Tel.: 842-4464, Montreal, Que. 9-47-42

Registered Nurses and Nursing Assistants for 110-bed hospital for tuberculosis and other chest diseases. Situated in the heart of the Laurentian Mountains, 60 miles north of Montreal. Good recreational facilities. Salary in accordance with the Association of Nurses of the Province of Quebec recommendations, with full maintenance, including private room in modern nurses' residence. 40-hr. wk., 8 statutory holidays and 4-wk. annual vacation. Apply: Director of Nursing, P.O. Box 1000, Ste. Agathe des Monts, Quebec. 9-57-1

Registered Nurses and Certified Nursing Assistants for modern 55-bed General Hospital, salary $320/m, 3 annual increases, 40-hr. wk., 4-wk. vacation. **Certified N.A.** starting salary $220, 3-wk. vacation, accommodation available in new motel-style residence. Apply: Superintendent, Barrie Memorial Hospital, Ormstown, Quebec. 9-52-1A

Graduate Nurse for Tuberculosis Hospital in centre of Resort Area. Excellent personnel policies. Apply to: The Director of Nursing, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Quebec. 9-57-2

Operating Room Nurse (General Surgery) to start work Aug. 1st. Must have previous experience or training in this work. Starting salary: $350-$375/m. depending on previous experience. 40-hr. wk. 1 mo. vacation and statutory holidays. Overtime pay. Sickness and other insurance benefits. Please address applications to: Medical Director, Boisvert Memorial Hospital, Baie Comeau, Quebec. 9-7-1

SASKATCHEWAN

Registered Nurses (2) for modern 56-bed hospital. Salary according to SRNA schedule. 40-hr. wk., no split shifts, sick leave, 3-wk. vacation plus 8 statutory holidays, full maintenance, Meals, living accommodation in nurses' residence. Uniforms laundered for $34.50 per mo. Apply Superintendent of Nurses, Union Hospital, Kamsack, Saskatchewan. 10-53-1

HOSPITAL FOR SICK CHILDREN

school of nursing



SENIOR INSTRUCTORS AND INSTRUCTORS

for

MEDICAL — SURGICAL — INFANT — CLASSROOM AREAS

are needed

Candidates with a Bachelor Degree will receive preference
Salaries are according to education and experience
Health and Pension policies are available
Ontario Registration is required
Four weeks paid vacation

Applications are to be sent to:

THE ASSOCIATE DIRECTOR OF NURSING EDUCATION,
HOSPITAL FOR SICK CHILDREN,
TORONTO 2, ONTARIO.

Registered Nurse (immediately) for Union Hospital, Mossbank, Sask., with Dr. J. T. Stockings in attendance, salaries as per SRNA with increments and benefits. 40-hr. wk., fully modern nurses' residence, daily bus service to the city. Apply to: Mrs. A. Haug, Matron, Mossbank, Saskatchewan. 10-88-1

Registered Nurse (Immediately) for Prelate Union Hospital. Salary: $310, experience considered, 40-hr. wk. Apply to: A. J. Hammel, Secretary-Treasurer, Prelate, Saskatchewan. 10-102-1

Registered Nurse (1) for General Duty for 24-bed hospital situated in S.E. Saskatchewan. Salary range: $300 to $360, $15/m. yearly increase allowed for experience since 1956 up to a maximum of $360/m. 40-hr. wk., no split shift. Residence, board and room: $30/m. Holidays, etc. according to SRNA. 40 min. from Moose Mountain Provincial Park. Apply: Sec.-Mgr., Union Hospital, Redvers, Saskatchewan. 10-108-1

Registered Nurses, Male or Female, for 500-bed modern General Hospital. General Duty positions available on general medical and surgical wards, pediatrics and maternity. Personnel policies comparable to Saskatchewan Registered Nurses' Association recommendations. Recognition given for experience. Must be eligible for Saskatchewan registration. For further information write: Director of Nursing Service, Regina Grey Nuns' Hospital, Regina, Saskatchewan. 10-109-7

Registered Nurses for 36-bed hospital located 85-mi. southwest of Saskatoon. Salary $300 - $360/m, 40-hr. wk., accommodation and board $1.45/day. A new hospital and nurses' residence under construction. Apply stating qualifications to: Miss E. Sparks, Director of Nursing, Union Hospital, Rosetown, Saskatchewan. 10-111-1

Registered Nurses (2) for Vanguard Union Hospital, 19-bed. Starting salary $300 with increments for experience. Pension plan, personnel policies according to Sask. Reg. Nurses' Assoc. recommendations. Residence on grounds. Apply to: Sec.-Treas., Vanguard, Saskatchewan. 10-129-1

Registered Nurses for 10-bed hospital, at Willow Bunch in south central Saskatchewan. Town pop. 700, bus service, recreational facilities etc., 40-hr. wk., wages for Matron $360/m, General Duty Nurses $330 plus board and room in the hospital. Applications to be submitted to: Sec.-Treas., Union Hospital, Willow Bunch, Saskatchewan. 10-138-1

General Duty Nurses (2) for 14-bed hospital, salary and personnel policies in accordance with SRNA recommendations (1963). Apply to: Matron, Union Hospital, Lucky Lake, Saskatchewan. 10-74-1

U.S.A.

Registered Nurses for modern 374-bed General Hospital on the beautiful, warm Peninsula yet only 20-min. from the heart of cosmopolitan San Francisco. Openings in all nursing services including operating room, emergency room, and I.C.U. Excellent personnel policies, many extra benefits and opportunities for advancement. Telephone collect, OXford 7-4061 or write: Director of Personnel, Peninsula Hospital, 1783 El Camino Real, Burlingame, California. 15-5-20

Registered Nurses. Career satisfaction, interest and professional growth unlimited in modern, JCAH accredited 254-bed hospital. Located in one of California's finest areas, recreational, educational and cultural advantages are yours as well as wonderful year-round climate. If this combination is what you're looking for, contact us now! Staff Nurse entrance salary $370 with automatic increases to $435 per mo., supervisory positions at increased rate. Special area and liberal shift differentials paid. Excellent benefits including Blue Cross hospitalization and surgical coverage and liberal personnel policies. Professional staff appointments available in all clinical areas to those eligible for California licensure. Write today: Director of Nursing, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, California. 15-5-12

Registered Nurses, Staff Nurses for permanent positions, various departments, days, eves., nights. Excellent starting salary, increments, benefits and working conditions in one of the largest and finest general hospitals in the West. For details write: Personnel Department, Queen of Angels Hospital, 2301 Bellevue Avenue, Los Angeles 26, California. 15-5-3G

Registered Nurses for private 258-bed hospital for men, women and children. Staff Nurse salaries from $355-$435, differentials for evenings, nights, communicable disease, operating room and delivery. Opportunities in all clinical areas. Holidays, vacations, sick leaves and health insurance. California registration required. Applications and details furnished on request. Contact: Personnel Director, Children's Hospital, 3700 California Street, San Francisco 18, California. 15-5-4

Registered Nurses for 233-bed modern hospital. Positions available — all services, no shift rotation. Liberal benefits, advancement opportunities, educational opportunities in area. Apply: Director of Nursing Service, Kaiser Foundation Hospitals, San Francisco 15, California. 15-5-7

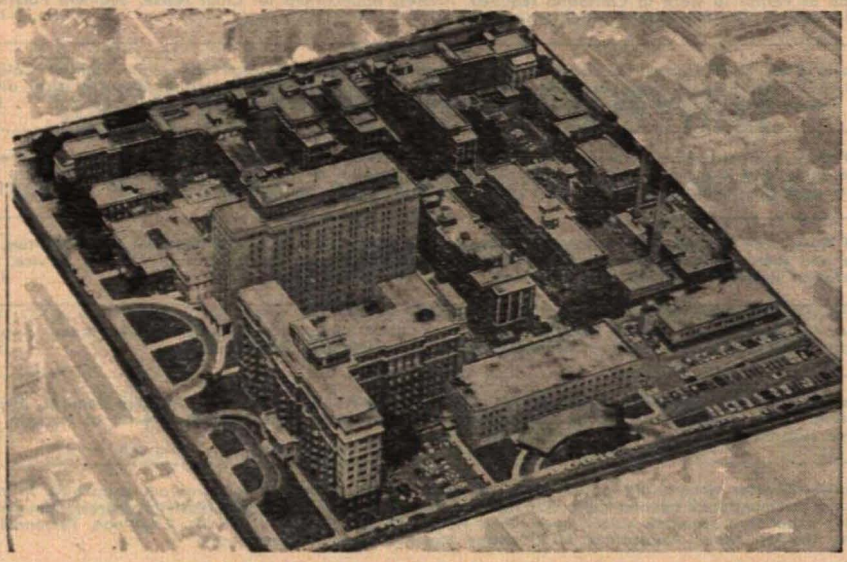
Registered Nurses and Certified Nursing Assistants for new, modern hospital owned and operated by the Daughters of Charity, located in the heart of Santa Clara Valley, 1 hr. from San Francisco, close to beaches and mountains. Needed immediately, Nurses for all tours of duty in all services, particularly O.B. and O.R. Excellent geographical location, climate, working environment contribute to your job satisfaction. Apply: Director of Nursing Service, O'Connor hospital, San Jose, California. 15-5-10

REGISTERED NURSES for General Duty in 350-bed General Hospital. Good salary, excellent increments and benefit program, ideal climate. **APPLY: Personnel Department, St. Mary's Hospital, Long Beach, California.** 15-5-32

Registered Nurses General Duty for 230-bed approved teaching hospital, resort city. Starting salary $375 per mo. plus $22.50 shift differential, provision for housing allowance. Apply: Director of Nursing, Cottage Hospital, Santa Barbara, California. 15-5-39

Attention! General Duty Nurses 300-bed fully accredited County Hospital located 2-hr. drive from San Francisco, ocean beaches, & mountain resorts in modern & progressive city of 35,000. 40-hr. 5-day wk., pd. vacation, pd. holidays, pd. sick leave, retirement plan, social security & insurance plan. Accommodations in nurses' home, meals at reasonable rates, uniforms laundered without charge. Starting salary $395 per mo., plus shift & service differentials. Merit increase to $458/m. Must be eligible for California registration. Write: Director of Nursing, Stanislaus County Hospital, 830 Scenic Drive, Modesto, California. 15-5-42

TORONTO GENERAL HOSPITAL



NURSING OPPORTUNITIES
for
REGISTERED NURSES AND CERTIFIED NURSING ASSISTANTS

Planned Orientation Programme — Inservice Educational Programmes
Opportunity to gain additional knowledge in specialized fields of nursing
Excellent personnel policies
Salaries commensurate with prevailing current salaries in Metropolitan Toronto

For information or application write to:
DIRECTOR OF NURSING, TORONTO GENERAL HOSPITAL
101 College Street, Toronto 2, Ontario

COME TO CHICAGO



and the great
University of Chicago Hospitals

A great University in a Dynamic City offers Nurses opportunities for maximum wages while working with world-famous physicians and a professional staff of over a thousand.

Participate in campus and community activities . . . continue to learn at greatly reduced tuition . . . live in University-owned housing near the lake.

SALARIES: $410–$560
Differential for evenings and nights
Periodic increases
Wide selection of services

ENJOY THE OPPORTUNITIES AND ADVANTAGES OF THE BIG CITY

Write: DIRECTOR OF NURSING
950 East 59th Street, Chicago 37 · Illinois

COURSES FOR R.N.'S N.Y. POLYCLINIC MED. SCH. & HOSP. — in heart of Manhattan — 6-mo. courses in: O.R. NURSING, OPD. NURSING, MED.-SURG. NURSING. Classes 4 times yrly: Mar., June, Sept., Dec. Room, meals, Medical Care & monthly cash stipend. Positions available to graduates of our Courses. For information write: Director of Nursing Education, 345 W. 50 St., N.Y.C., NEW YORK. 15-33-24

General Duty Staff Nurses for 450-bed fully approved hospital. Salary range per month: Day duty $438-$458, P.M. and night duty $448-$468, 40-hr. wk., paid vacation, 7 pd. holidays per yr., accumulative sick time based on length of service, liberal hospitalization plan, nurses' residence, rooms at reasonable rates. Registration or Permit to work in California required. Address applications to: Chief Nurse, Southern Pacific Railroad Hospital, San Francisco 17, California. 15-5-5B

General Duty Staff Nurses for large General Hospital, located in college community, central California. Starting salary: $413 per mo. Excellent in-service education program, liberal fringe benefits, shift differential. Apply: Personnel Director, 530 Courthouse, Stockton, California. 15-5-36

Staff Duty positions (Nurses) in private 428-bed hospital. Liberal personnel policies and salary. Differential for evening and night duty. Write: Personnel Director, Hospital of The Good Samaritan, 1212 Shatto Street, Los Angeles 17, California. 15-5-3B

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon and night duty. Opportunities for advanced education. Apply to: Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California. 15-5-3C

Nurses for new 75-bed General Hospital. Resort area. Ideal climate. On beautiful Pacific ocean. Apply to: Director of Nurses, South Coast Community Hospital, South Laguna, California. 15-5-50

Professional Nurses for immediate openings in 274-bed General Hospital, liberal fringe benefits. Enjoy interesting, challenging position in the ideal climate of Santa Monica Bay. Apply: Director of Nursing, Santa Monica Hospital, 1250-16th Street, Santa Monica, California. 15-5-40

Executive Director generalized public health nursing agency. Potential for program expansion in rapidly growing community 45 minutes from NYC. Staff 8 full time, 5 relief nurses. Master's degree, administrative ability; experience required, salary open. Send résumé to Mr. Charles H. Ulrich, Chairman, Personnel Committee, Visiting Nurse Association, 60 Guernsey Street, Stamford, Connecticut. 15-7-4

Registered Nurses for 74-bed air-conditioned hospital, growing community. Starting salary: $330 per mo., fringe benefits, vacation, sick leave, holidays, life insurance, hospital insurance. 1 meal furnished. Write: Hendry General Hospital, Clewiston, Florida. 15-10-1

General Duty Nurses for 54-bed hospital, minimum starting salary $350 per mo., located near Miami and West Palm Beach. Apply: Director of Nurses, Belle Glade Memorial Hospital, Belle Glade, Florida. 15-10-3

Graduate Nurses (Professional) Choose a career at Chicago's renowned medical-teaching center. Various staff & special assignments available to provide a work setting compatible with your interests & experience, salary to $430/m, plus $50 evening differential, $40 nights and premiums for special assignments. Fringe benefits include vacation to 4-wk. per year, 8 paid holidays, cumulative sick leave, Blue Cross & pension plan, private rooms in modern residence building. Your inquiries are invited: Director, Nursing Service, Dept. C.J.N., Mount Sinai Hospital, 2750 W. 15th Place, Chicago 8, Illinois. 15-14-1C

Staff Nurses (All Areas) Orientation and staff development programs, "nurse-saving" equipment, challenging working environment, individualized living accommodations in new air-conditioned cottages. Opportunity to participate in nursing practice of the finest quality in our 200-bed General Hospital, located along Lake Michigan shoreline, 30 mi. from Chicago. Starting salaries $390-$410 plus $30 differential for 3-11 and 11-7. Write: Director of Nursing, Highland Park Hospital, Highland Park, Illinois, for detailed brochure. 15-14-3

Staff Nurses and Licensed Practical Nurses (Openings in several areas, all shifts). Minimum starting pay $77 R.N.'s; L.P.N.'s $61 per wk., experience considered, differentials paid for reliefs, nights. Every other weekend off in small community hospital 2 miles from Boston. Living quarters available. Contact: Miss Elizabeth B. Kennedy, R.N., Director of Nursing, Chelsea Memorial Hospital, Chelsea, Mass. 15-22-1

Rehabilitation Nursing — Nurses needed in Rehabilitation Center for Children and Adults located in scenic mountain and lake region, 75-mi. from Boston, 240-mi. from N.Y.C. **Director of Nursing** — degree and previous administrative experience at least on supervisory level required. Some rehabilitation background desirable. Salary commensurate with education and experience. **Staff Nurses** — previous experience in pediatrics, orthopedics, or rehabilitation desirable. Opportunity for advancement. Beginning salary $4,140-$4,500, depending on background and experience. Apply: Mary Ruth Pippen, Director, Crotched Mountain Rehabilitation Center, Greenfield, New Hampshire. 15-30-1

Staff Nurses 380-bed hosp. new 120 med-surg unit. Trans. pd. 1st class air to Albuq. and return within U.S. in exchange for 1-yr. emp. contract. Come to New Mexico "Land of Enchantment." Career opportunities. largest pvt. JCAH accredited hosp. in state; near U. of New Mexico, R.N. & B.S. pgm. Practical Nurse pgm. accredited state & NAPNE. Vacancies, Med-Surg. & occasionally O.B., Peds., & O.R., salaries $315 per mo. even., night or O.R. with call; 6-mo. increases up to $375; days $300 per mo. with increases up to $360. Rotation from day duty is required only when no person desiring permanent P.M. of night tour is available. Liberal personnel policies include: optional Blue Cross, Discount Hosp. Services, pd. sick leave cumulative to 5 wks., annual physical exam., vacation 1 yr. — 2 wks., 2 yrs. — 3 wks., 5 yrs. — 4 wks. Active in-service pgm. Occasional vacancy hosp. owned apts. New Mexico licensure as professional nurse & U.S. Citizenship (or Immigration Visa) required. Write or call collect: Mrs. Emily J. Tuttle, Dir. of Nursing, Presbyterian Hospital Center, 1012 Gold, S.E., Albuquerque, New Mexico. Phone 243-5611. 15-32-3

Graduate Nurses for 450-bed non-sectarian acute General Hospital with NLN fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Opening of new main building has created attractive positions for Staff Nurses in medical, surgical, obstetric and pediatric divisions. Apartments available in immediate neighborhood. Apply: Miss Louise Harrison, Director of Nursing Service, Mount Sinai Hospital, 1800 East 105th Street, Cleveland 6, Ohio. 15-36-1D

SOUTH PEEL HOSPITAL, COOKSVILLE

HEAD NURSES AND GENERAL DUTY STAFF NURSES

required for

All departments of a new 450-bed General Hospital situated just 7 miles west of Metropolitan Toronto.

Salaries paid in accordance with the Toronto Schedule.

Many fringe benefits, including portable pensions.

Additional salary allowances for postgraduate qualifications.

For information or application, write to:

DIRECTOR OF NURSING,

South Peel Hospital, Cooksville, Ontario.

PUBLIC HEALTH NURSES 1

required by

PUBLIC HEALTH,

VARIOUS HEALTH REGIONS

SALARY RANGE: Diploma in P.H. Nursing $340 - $414 per month. — Without Diploma — $313 - $383 per month.

GENERAL: Positions in various health regions. Cars provided. Opportunity for interesting and challenging professional service.

APPLICATIONS: Forms and further information available at

PUBLIC SERVICE COMMISSION, LEGISLATIVE BUILDING, REGINA.

Quote File No. 8177.

CORNER BROOK

Graduate Nurses

are invited to enquire re:

Employment opportunities

in Canada's newest Province. Fully accredited 110-bed hospital, progressive community of 27,000. Magnificent scenery and recreational facilities. Transportation advanced. Residence available.

Enquire to:

Director of Nursing
WESTERN MEMORIAL HOSPITAL
Corner Brook, Newfoundland

HAMILTON CIVIC HOSPITALS

HAMILTON, ONTARIO

Require the services of a registrar in the school of nursing, also two instructors in science and pediatrics. Salary range with degree $96 to $112; with diploma $94 to $110.

Vacation, sick leave, pension life insurance and hospitalization plans.

Apply in writing with full details to:

Director of Personnel
HAMILTON CIVIC HOSPITALS
Barton St. East, Hamilton, Ont.

Staff Nurses for modern 400-bed tuberculosis hospital, suburban Cleveland, Ohio. Monthly salaries start at $396 with semi-annual increments. Extra for night and relief duty, 5-day work wk., 3-wk. paid vacation, 6 paid holidays, liberal sick leave, comfortable accommodations in nurses' residence at low rate. Learn and earn at a progressive accredited hospital in a growing community. Write: Director of Nursing, Sunny Acres Hospital, Cleveland 22, Ohio. 15-36-1E

Registered Nurse (Scenic Oregon, vacation playground, skiing, swimming, boating & cultural events) for 295 bed teaching unit on campus of University of Oregon medical school. Salary starts at $372. Pay differential for nights & evenings. Liberal policy for advancement, vacations, sick leave, holidays. Apply: Multnomah Hospital, Portland 1, Oregon. 15-38-1

Staff Nurses (All Clinical Services) Base salary $350, opportunities for advancement, differential for 3-11 & 11-7 shifts, personnel policies, sick leave, retirement plan, 3-wk. vacation & laundry of uniforms. Orientation & in-service programs, housing available on campus. Apply: Director of Nursing Service, University of Texas Medical Branch Hospitals, Galveston, Texas. 15-44-5

General Duty Nurses for 232-bed General Hospital; university city; needs 3-11 and 11-7 shift nurses, salary $380-$420 and $375-$415/m respectively, excellent benefits, including medical and life insurance. Extensive intern-resident educational program. Free quarters available the first month. Must have psychiatric training to obtain a Washington nursing licence. Write Personnel Manager, Virginia Mason Hospital, 1111 Terry Avenue, Seattle 1, Washington. "Work in Seattle and enjoy moderate winters and comfortable summers." 15-48-2B

Office Nurse: R.N. who has specialized in career office nursing to take over full nursing responsibilities in large solo neighborhood general practice. Age 25-40. Previous office expeirence. Job includes X-ray and some lab., maybe assist in surgery. Pleasant working conditions. Unlimited opportunity for advancement. Career position. Pacific northwest city of 200,000 with full outdoor recreational facilities. Write, 2034 Manito Place, Spokane, Washington. 15-48-1A

ALBERTA

General Duty Registered Nurses (5) for 75-bed hospital. Salary according to the AARN schedule with yearly increments, 40-hr.wk. — New hospital with modern facilities, 3-wk. vacation after one year of service, sick leave benefits. Apply: P.O. Box 880, St. Paul, Alberta. 1-79-1

BRITISH COLUMBIA

CLINICAL INSTRUCTOR - OPERATING ROOM. Required in September 1963. Acute General Hospital 434 beds; school enrolment 240 students; new school and residence buildings. For further information apply to: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia. 2-73-13A

Matron to take charge of 15-bed private hospital at Bralorne, B.C. Attractive accommodation, good recreational facilities. Salary according to qualifications and experience. Apply: Resident Manager, Bralorne Pioneer Mines Ltd., Bralorne, British Columbia. 2-7-1

MANITOBA

Registered Nurses (2) for 10-bed hospital. Salary $330/m. Full maintenance $50, usual vacation and sick leave benefits. For further information write to: Mrs. M. I. Cory, Wawanesa Memorial Hospital, Wawanesa, Manitoba. 3-69-1

SOUTH WATERLOO MEMORIAL HOSPITAL

GALT, ONTARIO

INSTRUCTORS REQUIRED (3)

CLINICAL MEDICAL INSTRUCTOR
FUNDAMENTALS OF NURSING
CLINICAL PEDIATRIC INSTRUCTOR

Also

REGISTERED NURSES

for all departments

SALARY $320 — $350 PER MONTH

Rotating Shifts — 28 days vacation after one year of service — O.H.A. — P.S.I. — Life insurance 50% paid by hospital

For further particulars apply:

DIRECTOR OF NURSING

THE SCARBOROUGH GENERAL HOSPITAL

A new modern hospital located 10 miles from downtown Toronto invites applications from:

REGISTERED NURSES
REGISTERED NURSING ASSISTANTS

Opportunities are offered in Supervisory, Head Nurse and General Duty positions. Services are offered in Medicine, Surgery, Obstetrics, Pediatrics, Emergency and Intensive Care Units.
Salaries commensurate with prevailing current salaries for Nurses in Metropolitan Toronto and adjustable with experience and educational qualifications.
Progressive Personnel Policies, Pension Plan, Orientation and In-service Program.

For further information write to:

DIRECTOR OF NURSING
SCARBOROUGH GENERAL HOSPITAL, SCARBOROUGH, ONTARIO

CLASSROOM AND CLINICAL INSTRUCTOR

required for

THE HOSPITAL FOR MENTAL DISEASES, BRANDON, MANITOBA

Salary schedule: $4,200-$5,280 per annum - Regular annual increments - Pension privileges - Liberal sick leave with pay - Annual vacation with pay - Duties to commence immediately
Qualifications: Instructor with Psychiatric experience preferable.

Apply to:

THE DIRECTOR OF NURSING, HOSPITAL FOR MENTAL DISEASES, BRANDON, MAN.

PUBLIC HEALTH NURSES

REQUIRED FOR HEALTH BRANCH, B.C. CIVIL SERVICE

Positions available for qualified Public Health Nurses in various centres in British Columbia. SALARY: $375 - $462 per month; car provided. An opportunity for interesting and challenging professional service in this beautiful and fast-developing Province. For further information and application forms, apply to The Director, Public Health Nursing, Department of Health Services and Hospital Insurance, Parliament Buildings, Victoria, B.C., or to The Chairman, B.C. Civil Service Commission, 544 Michigan Street, Victoria, B.C.
COMPETITION No. 63:101

U.S.A.

Registered Nurse for private practice in southern California. Starting salary $375. Must report for work no less than 60 days. Contact Mrs. Martin, 10720 S. Paramount Blvd., Downey, California. 15-5-18

Registered Nurses excellent employment opportunities in one of the largest, most modern, and well-equipped voluntary (non-profit) hospitals in California. Its location, in beautiful Sacramento, offers unlimited entertainment and recreational facilities, and is the hub of all summer and winter sports activities. Starting salaries: General Duty $410/m. days, $435/m. P.M.'s and nights. $10/m. differential for psychiatry, Operating Room $435/m. days, $460/m. P.M.'s and nights. Liberal fringe benefits including paid vacations, sick leave and holidays, free hospitalization insurance, employee discounts. Social Security, plus a retirement plan which includes free life insurance. Write: Personnel Department, Sutter Community Hospitals, 2820 "L" Street, Sacramento 16, California. 15-5-43

SCHOOL OF NURSING

METROPOLITAN GENERAL HOSPITAL

requires

INSTRUCTOR IN PEDIATRIC NURSING.

This is an opportunity to participate in the development of a progressive program which emphasizes educational nursing experiences for the student. The program consists of 2 basic, preparatory years followed by one year of Nursing Internship. One class of 32 students is admitted annually. **Duties include:** Clinical and Classroom Instruction in an integrated program of Maternal and Child Care. **Requirements:** University preparation in Nursing Education. — Salary differential for Degree. — Duties to commence August, 1963.

For further information, contact:

Director, School of Nursing, 2240 Kildare Road, Windsor, Ontario.

ASSISTANT DIRECTOR OF NURSING EDUCATION
SCIENCE INSTRUCTOR — NURSING ARTS INSTRUCTOR
MEDICAL NURSING INSTRUCTOR (MALE SERVICE)
SURGICAL NURSING INSTRUCTOR (FEMALE SERVICE)

Required

For School of Nursing with maximum enrollment of 90 students.

Graduate Staff Nurses for Medical, Surgical, Pediatric and Obstetrical Service.

Apply:

DIRECTOR OF NURSING,
Medicine Hat General Hospital, Medicine Hat, Alberta.

ST. JOSEPH'S HOSPITAL

HAMILTON, ONTARIO

A modern, progressive, 850-bed hospital located in the centre of Ontario's Golden Horseshoe, has openings for:

1) Head Nurses for Medical or Surgical units. Postgraduate study preferred
2) General staff nurses in all clinical areas.
3) Certified Nursing Assistants in all clinical areas.

For further information write to:

THE DIRECTOR OF NURSING SERVICE
St. Joseph's Hospital, Hamilton, Ontario.

UNIVERSITY HOSPITAL

SASKATOON, SASKATCHEWAN

Requires

General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty hour week.

Salary range $300 to $360 gross per month. Differential for evening and night duty. Temporary residence accommodation if desired.

Apply to:

DIRECTOR OF PERSONNEL, UNIVERSITY HOSPITAL,
Saskatoon, Saskatchewan.

HUMBER MEMORIAL HOSPITAL



HOSPITAL —

Newly expanded 350-bed hospital. Progressive patient care concept.

SALARY —

1963 schedule General Staff Nurses $325-$375 per month and Certified Nursing Assistants $230-255 per mo.

HOUSING —

Furnished apartments available at subsidized rates.

JOB SATISFACTION —

High quality patient care and friendly working environment, personal recognition and professional development.

You are invited to enquire concerning employment opportunities to:

DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL

200 Church Street, Weston, Ontario - Telephone 249-8111 (Toronto)

GENERAL DUTY NURSES FOR ALL DEPARTMENTS

Gross salary $325 monthly with annual increments for 4 years to $365.

Until registration in Ontario is established — $300.

Rotating periods of duty — 40 hour week, 8 statutory holidays annually — Annual vacation 21 days after one year.

Annual sick time 12 days after one year, unused portion cumulative to 36 days.

Hospitals of Ontario Pension Plan.

Ontario Hospital Insurance and Physicians' Services Incorporated, 50% payment by hospital.

Apply:

DIRECTOR OF NURSING, GENERAL HOSPITAL, OSHAWA, ONTARIO

PROVINCE OF ALBERTA

EMPLOYMENT OPPORTUNITIES

The Provincial Mental Hospital
Ponoka, Alberta

(a) GENERAL DUTY NURSES —

Preference given to nurses with experience in Psychiatric Nursing.

Salary — $300 to $360 per month, depending on qualifications and experience.

(b) INSTRUCTORS (Classroom and Clinical) to teach:

1. Basic Course in General and Psychiatric Nursing.
2. Affiliate Program in Psychiatric Nursing.
3. Post Basic Course in Psychiatric Nursing.

Salary — $345 to $495 per month, depending on qualifications and experience.

This is an active treatment mental hospital conducting an approved School of Nursing. 40-hour work week. Civil Service holiday, sick leave and pension benefits. Good personnel policies. 60 miles from Edmonton.

Apply to:

DIRECTOR OF NURSING,
Provincial Mental Hospital,
Ponoka, Alberta, giving full particulars.

THE COTTAGE HOSPITAL

Pembroke, Ontario

a 150-bed hospital requires

SUPERVISOR—HOSPITAL

SUPERVISOR—OPERATING ROOM

HEAD NURSE

REGISTERED NURSES

CERTIFIED NURSING ASSISTANTS

All conventional benefits available

Apply giving details of training and experience to:

THE DIRECTOR OF NURSING

ADVANCED PRACTICAL OBSTETRICS LECTURER REQUIRED

THE UNIVERSITY OF ALBERTA

invites applications for the position of lecturer, responsible for the program Advanced Practical Obstetrics.

Qualifications: Degree in Nursing, or Sister Tutor Diploma in Midwifery; experience in Obstetrical Nursing and in Teaching.

Salary commensurate with qualifications.

Apply to:

Director, School of Nursing
University of Alberta
Edmonton, Alberta

NURSES

for

Whiteshell Nuclear Research Establishment

MANITOBA

$3,845 - $4,850

Supervising Nurse and General Duty Nurses required for hospital at Pinawa, 70 miles northeast of Winnipeg. This is a sixteen-bed hospital with plans for expansion to thirty-two beds.

Nurse with interest in industrial nursing for Whiteshell plantsite. Applicants must be eligible for registration in Province of Manitoba and have a minimum of two years' experience.

Supervising Nurse must have a minimum of five years' experience. Nursing administration an asset.

Benefits include: **Superannuation, Group Insurance, Accumulative sick leave, Three weeks annual paid vacation, Hospital, Medical-Surgical plans.**

Please include full details in first letter to:

FILE W 3 J
Atomic Energy of Canada Limited,
Chalk River, Ontario

JEWISH GENERAL HOSPITAL MONTREAL QUE.



NURSING OPPORTUNITIES

In this modern 400-bed non sectarian hospital in Administration, Teaching, Staff Nursing. Certified Nursing Assistants also required. Openings in Psychiatry, Pediatrics, Obstetrics and Medicine and Surgery. Excellent personnel policies. Bursaries for post-basic courses in Teaching and Administration

For further information, please write:

Director of Nursing, JEWISH GENERAL HOSPITAL, 3755 Cote St. Catherine Rd., Montreal, Que.



THE WINNIPEG GENERAL HOSPITAL

is Recruiting General Duty Nurses for all Services

SEND APPLICATIONS DIRECTLY TO:

THE PERSONNEL DIRECTOR, WINNIPEG GENERAL HOSPITAL
WINNIPEG 3, MANITOBA

GRADUATE STAFF NURSES

Opportunities for men and women on all services including metabolism, rehabilitation, psychiatry, recovery room, medicine, surgery, pediatrics, obstetrics, operating room, and emergency room. Well planned orientation and in-service programs, tuition-free courses at Western Reserve University after 3 months employment, low cost housing in nurses' residence. Liberal personnel policies with premium for evening and night tours of duty. Starting rate based on experience and enducation. Staff nurse salary range $385 to $425. Write for more information and the booklet "New Horizons in Nursing," to:

DIRECTOR OF NURSING, UNIVERSITY HOSPITALS OF CLEVELAND

University Circle, Cleveland 6, Ohio

MONTREAL CHILDREN'S HOSPITAL

has vacancies for

1. **Registered Nurses and Certified Nursing Assistants**
 on various wards — Bilingual preferable but not necessarily.
2. **Operating Room Nurses with either postgraduate preparation or experience.**

Apply in writing to :

Director of Nursing
MONTREAL CHILDREN'S HOSPITAL
2300 Tupper Street, Montreal 25, Que.

SCHOOL OF NURSING

METROPOLITAN GENERAL HOSPITAL

requires

INSTRUCTOR IN FUNDAMENTALS OF NURSING AND MEDICAL NURSING

This is an opportunity to participate in the development of a progressive program which emphasizes educational nursing experiences for the student. The program consists of 2 basic, preparatory years followed by one year of Nursing Internship. One class of 32 students is admitted annually. **Duties include:** Clinical and Classroom Instruction in Fundamentals of Nursing; integration of introductory Pharmacology (Solutions and Dosage); instruction within an integrated course of Medical-Surgical Nursing. **Requirements:** University preparation in Nursing Education. — Salary differential for Degree. — Duties to commence August 1, 1963.

For further information, contact:

Director, School of Nursing, 2240 Kildare Road, Windsor, Ontario.

NURSES

If you desire to practise your profession in a modern and scientific hospital, that has 21 specialties and 1,050 beds, join the nursing staff of

NOTRE DAME HOSPITAL

Generous salaries, according to qualifications, with periodic increases. Differential for evening and night duty, 10 statutory holidays. Vacation based on date of employment. Pension plan. In-service education program. Recreational center

For information, write to:

LA DIRECTRICE DU NURSING
HOPITAL NOTRE-DAME, 1560 est, rue Sherbrooke, Montréal 24

OPPORTUNITIES FOR RECENT GRADUATES

Staff positions will be available for Registered Nurses with special interest in rehabilitation and medical nursing. Those showing aptitude will have an excellent opportunity for early advancement to fill newly created posts which command the increases in remuneration as recommended by the Registered Nurses' Association of Ontario.

Starting monthly rate $325-$345. Private residence accommodation with adjoining bath available. Full maintenance $40 monthly. Good location. Transportation advanced if requested.

Participation in clinical conferences, and in-service education program encouraged.

For information contact
The Director of Nursing,

The Queen Elizabeth Hospital,
130 Dunn Ave.,
TORONTO 3, Ont.

DIRECTOR OF NURSING

KENORA, ONTARIO

This resort town of 14,000 people has a new 100-bed hospital located on the shores of beautiful Lake of the Woods in Ontario. In the summer we have swimming, boating, fishing and golfing. In the winter there is skating, curling, tobogganing, skiing and ice fishing.

A two-room suite with private facilities is available in our nurses' residence at a reasonable fee of $20 per month. There are personnel policies governing all staff of the hospital and the nursing director will come under a private contract.

Salary is negotiable.

Excellent opportunity for any registered nurse interested in nursing administration.

Please reply to:

Mr. A. C. DUNCAN
Administrator
KENORA GENERAL HOSPITAL
KENORA, ONTARIO

REGISTERED NURSES

and

CERTIFIED NURSING ASSISTANTS

required for modern 400-bed hospital.

Good salaries and personnel policies. New 13 storey staff apartment for nurses including married couples — one block from hospital — furnished and unfurnished suites (including broadloom and drapes) — rates reasonable — convenient to downtown.

Apply :

DIRECTOR OF NURSING
NEW MOUNT SINAI HOSPITAL
550 UNIVERSITY AVENUE
TORONTO 2, CANADA.

HAMILTON GENERAL HOSPITAL

GENERAL STAFF NURSES

required for

INTENSIVE CARE UNIT, SURGERY, MEDICINE, EMERGENCY DEPARTMENT AND OPERATING ROOMS.

For personnel policies and further information, apply to:

DIRECTOR OF NURSING
Hamilton General Hospital
Barton Street East
Hamilton, Ontario

OSHAWA GENERAL HOSPITAL

Oshawa, Ontario

Requires for School of Nursing by July 1, 1963

ONE CLINICAL INSTRUCTOR IN MEDICAL NURSING
ONE CLINICAL INSTRUCTOR IN SURGICAL NURSING

with Certificate in Nursing Education

For further information, apply to:

DIRECTOR OF NURSING,
Oshawa General Hospital, Oshawa, Ontario.

MONTREAL CHILDREN'S HOSPITAL

invites applications

From Graduate Registered Nurses with Psychiatric postgraduate preparation and Male Child Care Workers to fill vacancies on small 14-bed active Psychiatric Unit. Good personnel policies. Salary commensurate with experience and preparation. Active In-Service Program.

Apply in writing to:

DIRECTOR OF NURSING,
Montreal Children's Hospital, 2300 Tupper Street, Montreal 25, Que.

PUBLIC HEALTH NURSES

Required by the

CITY OF TORONTO, DEPARTMENT OF PUBLIC HEALTH

Qualified Public Health Nurses for Generalized Public Health Nursing Service
or
Epidemiological Venereal Disease Service

Salary range $4,231-$4,787. Starting salary based on experience. Annual increments, vacation, shared hospital and medical insurance, sick pay and pension plan.

Apply:

PERSONNEL DEPARTMENT
ROOM 320, CITY HALL, TORONTO 1, ONTARIO

GRADUATE STAFF NURSES

required for

MEDICAL AND SURGICAL AREAS

University teaching hospital. Applicants should be eligible for Ontario Registration. Personnel policies and further information may be obtained from:

DIRECTOR OF NURSING,
Kingston General Hospital, Kingston, Ontario.

THE HAMILTON GENERAL HOSPITAL

requires

The Services of an Out Patient Department Supervisor

DUTIES:

To be responsible for the co-ordination and organization of the Out Patient services of a 650-bed hospital.

QUALIFICATIONS:

Preference will be given to those applicants who have obtained a recognized degree or diploma in Public Health Nursing, together with previous supervisory and demonstrated experience. Position will be available by September 1, 1963 due to retirement of present incumbent. Good employee vacation, superannuation, sick leave, life insurance, and other benefits.

Apply to:

HAMILTON CIVIC HOSPITALS
Personnel Department
296 Victoria North, Hamilton
Ontario

CLINICAL INSTRUCTOR OPERATING ROOM

School of Nursing
University of Alberta Hospital

Applications are invited for the above position to be filled by July 1st, 1963. Full range employee benefits including group insurance, pension plan, Blue Cross etc. Salary credit allowed for preparation and previous experience.

For further information and salary schedule apply:

DIRECTOR OF NURSING,
University of Alberta Hospital,
Edmonton, Alberta.

NURSES

KENORA, ONTARIO

This resort town of 14,000 people has just opened a section of its new 100-bed hospital and in the not too distant future will be opening the second section for which nurses are needed. The hospital is wonderfully located on the shores of beautiful Lake of the Woods in Ontario. In the summer we have activities in swimming, boating, fishing and golfing and in the winter there is skating, curling, tobogganing, skiing and ice fishing.

A nurse's residence is available at a reasonable rate of $20 per month for private room or $15 per month for a double room. Cafeteria services are available at cost as well as a kitchen in the nurses' residence. Separate personnel policies for nurses are available and will be mailed on request. The starting salary is $315 per month. Eight statutory holidays, sick leave, three weeks vacation with pay are some of the benefits of these policies.

All applications will be treated with courtesy and privacy.

Please apply to:

Administrator
Mr. A. C. DUNCAN
KENORA GENERAL HOSPITAL
KENORA, ONTARIO

Operating Room Nurses

General Staff Nurse positions available in General Operating Rooms (general surgical, cardiac, neuro-surgical, plastic, orthopedic, ear, nose and throat, and urology). Positions also in Gynecological and Ophthalmological operating rooms. Salary commensurate with experience, excellent additional benefits including refund of tuition up to six points per semester.

For further information write to:

DIRECTOR, NURSING SERVICE
THE JOHNS HOPKINS HOSPITAL
BALTIMORE 5, MARYLAND

WOODSTOCK GENERAL HOSPITAL

WOODSTOCK, ONTARIO

requires

MEDICAL CLINICAL TEACHER

Preferably with B.Sc.N. degree and experience

Salary commensurate with qualifications and experience

Apply to:

DIRECTOR OF NURSING
WOODSTOCK GENERAL HOSPITAL, WOODSTOCK, ONTARIO

THE PETERBOROUGH CIVIC HOSPITAL

requires

STAFF FOR GENERAL DUTY

A MEDICAL SURGICAL INSTRUCTRESS

For further information write:

THE DIRECTOR OF NURSING
PETERBOROUGH CIVIC HOSPITAL, PETERBOROUGH, ONTARIO

SCHOOL OF NURSING

METROPOLITAN GENERAL HOSPITAL

requires

INSTRUCTOR IN PSYCHIATRIC NURSING

This is an opportunity to participate in the development of a progressive program which emphasizes educational nursing experiences for the student. The program consists of 2 basic, preparatory years followed by one year of Nursing Internship. One class of 32 students is admitted annually. **Duties include:** Instruction in Introductory Psychology and Mental Hygiene. Clinical and Classroom Instruction in Psychiatric Nursing. **Requirements:** University preparation in Nursing Education. — Salary differential for Degree. — Duties to commence August, 1963.

For further information, contact:

Director, School of Nursing, 2240 Kildare Road, Windsor, Ontario

OAKVILLE-TRAFALGAR MEMORIAL HOSPITAL

OAKVILLE, ONTARIO

General Duty Nurses required for all departments (including operating room) in modern 163-bed fully accredited hospital, expanding to 340 beds.

Oakville is a progressive community situated on Lake Ontario just twenty miles from the cities of Toronto and Hamilton.

Excellent salaries and personnel policies.

Modern apartment-style staff residence under construction.

Further details will be furnished on request.

Apply to:

Director of Nursing,
OAKVILLE-TRAFALGAR MEMORIAL HOSPITAL,
Oakville, Ontario.

REGISTERED NURSES

and

CERTIFIED NURSING ASSISTANTS

for

360-bed accredited General Hospital. Registered Nurses salary range $315-$355 per month with consideration for contemporary experience or special preparation.

Certified Nursing Assistants $210 - $240 per month.

For further information write:

Director of Nursing Service
METROPOLITAN GENERAL HOSPITAL
Windsor, Ontario.

NURSING OFFICE SUPERVISOR

Required for 321-bed Medical and Rehabilitation Unit with expansion program. University preparation in administration of Nursing Service and experience essential.

Monthly salary with diploma $407.30 to $476.60

Monthly salary with degree $416 to $485.30

Good personnel policies.

Position available for late summer.

Apply to:

SUPERINTENDENT OF NURSES,
Division "H",
Henderson General Hospital,
Hamilton, Ontario.

VICTORIAN ORDER OF NURSES FOR CANADA . . .

requires

PUBLIC HEALTH NURSES

for Staff and Supervisory positions in various parts of Canada.

Applications will be considered from Registered Nurses without Public Health training but with University entrance qualifications.

SALARY, STATUS AND PROMOTIONS ARE DETERMINED IN RELATION TO THE QUALIFICATIONS OF THE APPLICANT.

Apply to:

DIRECTOR IN CHIEF
VICTORIAN ORDER OF NURSES FOR CANADA
5 BLACKBURN AVENUE
Ottawa 2, Ont.

ST. JOSEPH'S HOSPITAL

Toronto, Ontario

REGISTERED NURSES

and

CERTIFIED NURSING ASSISTANTS

600-bed fully accredited hospital provides experience in Oeparting Room, Recovery Room, Intensive Care Unit, Pediatrics, Orthopedics, Obstetrics, General Surgery and Medicine.

Orientation and Active In-service programs for all staff.

Salary is commensurate with preparation and experience.

Benefits include Pension Plan, Group Life Insurance, sick leave — 12 days after one year, Ontario Hospital Insurance — 50% payment by hospital.

Rotating Periods of duty — 40 hour week, 8 statutory holidays — annual vacation 3 weeks after one year.

Apply

ASSISTANT DIRECTOR OF NURSING SERVICE
ST. JOSEPH'S HOSPITAL
30 The Queensway, Toronto 3, Ontario

Applications invited for the following Senior Positions

1. OPERATING ROOM SUPERVISOR
2. PEDIATRIC SUPERVISOR
3. PEDIATRIC ASSISTANT SUPERVISOR
4. MATERNITY ASSISTANT SUPERVISOR

Salary commensurate with qualifications and experience.

For further information please apply:

DIRECTOR OF NURSING
KINGSTON GENERAL HOSPITAL, KINGSTON, ONTARIO

INSTRUCTORS

MEDICAL-SURGICAL NURSING

This is an opportunity to participate in the development of a progressive School of Nursing. **Student enrollment of 300 — New School of Nursing, Medical and Surgical Units just completed.**

Duties include classroom and clinical instruction in certain areas of an integrated course in Medical-Surgical Nursing.

Requirements: University preparation in Nursing Education.

Apply to:

DIRECTOR OF NURSING
St. Joseph's School of Nursing, Hamilton, Ontario

SUPERVISORS

New positions are being created for Supervisors — Day, evening and night at 60-bed General Hospital.

Apply to:

DIRECTOR OF NURSING, LADY MINTO HOSPITAL, CHAPLEAU, ONTARIO

POSITIONS OPEN — REGISTERED NURSES

Starting Salary $330 per month - Allowance for experience - Enquiries invited - Personnel Policies on request - 40 Hour Week - 9 statutory Holidays - Room and Board - Nurses' Residence $45 per month New Hospital to be completed very soon

Apply to: **Mrs. G. AUGER**

DIRECTOR OF NURSING, LITTLE LONG LAC HOSPITAL, GERALDTON, ONTARIO

OTTAWA CIVIC HOSPITAL

requires

GENERAL STAFF NURSES

for

OPERATING ROOM
MEDICAL
SURGICAL
OBSTETRICAL AND
PSYCHIATRIC } **DEPARTMENTS**

Apply

EDITH G. YOUNG, REG. N.,
Assistant Director and Administrator of the Department of Nursing

ROSS MEMORIAL HOSPITAL

requires

GENERAL DUTY NURSES

for

MEDICAL, SURGICAL, PEDIATRICS DEPARTMENTS

Good personnel policies. O.H.A. Pension Plan

Enquire:

DIRECTOR OF NURSING
Ross Memorial Hospital, Lindsay, Ontario

THE MONTREAL GENERAL HOSPITAL

offers a varied experience to

OPERATING ROOM NURSES

For further information apply to:

DIRECTOR OF NURSING
THE MONTREAL GENERAL HOSPITAL
1650 Cedar Avenue, Montreal 25, Que.

GRENFELL LABRADOR MEDICAL MISSION

Positions are now available in Grenfell hospitals in northern Newfoundland and Labrador. **General Duty Nurses** and **Head Nurse** for Sanatorium required.

For full information please write:

MISS DOROTHY A. PLANT, SECRETARY,
Grenfell Labrador Medical Mission,
Room 701A, 88 Metcalfe Street,
Ottawa 4, Ontario.

REGISTERED NURSE

for

110-bed "HOME FOR THE AGED" with 50-bed bed-care wing. Located on Grand River, Niagara Peninsula within 1 hour's travel to Hamilton, Niagara Falls and Buffalo, N.Y. Modern staff quarters optional.

For full particulars apply:

Superintendent stating qualifications, experience and remuneration,
GRANDVIEW LODGE,
Dunnville, Ontario.

CLINICAL INSTRUCTOR (Surgical)

For School of Nursing with 75 students, located in the Interior of British Columbia. Large expansion program includes new School of Nursing to be completed in 1964.

Salary commensurate with experience and preparation. Position available — August 15th, 1963.

Please apply to:

Director of Nursing
ROYAL INLAND HOSPITAL
Kamloops, B.C.

ATIKOKAN GENERAL HOSPITAL

ATIKOKAN, ONTARIO

Required immediately

2 GRADUATE NURSES
2 CERTIFIED NURSING ASSISTANTS

for modern 32-bed hospital with renovation program in progress. Salaries commensurate with experience. Excellent fringe benefits and OHA Pension Plan.
Residence accommodation available.
Atikokan is within easy reach of Ontario National Park.

Apply:

Director of Nursing
ATIKOKAN GENERAL HOSPITAL
Atikokan, Ontario.

GUELPH GENERAL HOSPITAL

Active — 200 beds — Fully accredited

requires

GENERAL STAFF NURSES

Pleasant city of 40,000 close to larger centers. Good personnel policies.

For further details apply to:

THE DIRECTOR OF NURSING
General Hospital, Guelph, Ontario.

REGISTERED NURSES

OPERATING ROOM NURSE

and

CERTIFIED NURSING ASSISTANTS

required for:

82-bed hospital. Situated in the Niagara Peninsula. Transportation assistance.

For salary rates and personnel policies apply to:

DIRECTOR OF NURSING
Haldimand War Memorial Hospital
Dunnville, Ontario

GENERAL DUTY NURSES

for

Chest Hospital in centre of Montreal
Good Personnel Policies

Apply:

DIRECTOR OF NURSING
ROYAL EDWARD LAURENTIAN HOSPITAL
3650 ST. URBAIN STREET
MONTREAL 18, QUE.

QUEENSWAY GENERAL HOSPITAL

requires

REGISTERED NURSES
for Fall vacancies

Liberal personnel policies

Apply:

DIRECTOR OF NURSING
QUEENSWAY GENERAL HOSPITAL
Sherway Drive, Toronto 18, Ontario

NURSING CONSULTANT (Mental Health)

$7,950 - $9,150

A Senior Nursing Consultant in Psychiatry is required for the Department of National Health and Welfare at Ottawa, Ontario. Qualifications for this position include registration as a nurse in a province of Canada, at least a Baccalaureate degree in Nursing, and approximately ten years acceptable experience, including hospital and community experience, five years of which have been in positions of leadership in psychiatric nursing.

For further details and application forms write IMMEDIATELY to the CIVIL SERVICE COMMISSION OF CANADA, OTTAWA 4, ONTARIO, and ask for Information Circular 63-584.

REGISTERED NURSES

required for

Intensive Care, Psychiatric, Medical-Surgical and long term illness units for new 300-bed fully accredited General Hospital. Excellent personnel policies, O.H.A., Pension and Life Insurance Plans.

For further information apply to:

DIRECTOR OF NURSING,
General Hospital, Sault Ste. Marie, Ont.

ST. THOMAS-ELGIN GENERAL HOSPITAL

ST. THOMAS, ONTARIO

requires

Clinical Instructor qualified on or before July 1, 1963, student body approximately 130, salary commensurate with qualifications and experience, excellent policies, O.H.A. Pension Plan.

Apply:

THE DIRECTOR OF NURSING
St. Thomas-Elgin General Hospital,
St. Thomas, Ontario

SUPERVISOR

for

Large and active operating room.

Salary commensurate with experience and qualifications.

Please apply for details to:

Associate Director, Nursing Service
REGINA GENERAL HOSPITAL
Regina, Saskatchewan

MEDICAL - SURGICAL

CLINICAL INSTRUCTOR

in 434-bed General Hospital; 240 students; New School and Residence Bldgs.

Experience and University preparation preferred.

Apply to:

DIRECTOR OF NURSING,
Royal Columbian Hospital,
New Westminster, B.C.

STRATHROY MIDDLESEX GENERAL HOSPITAL

requires

An Instructor in September, 1963 for the Registered Nursing Assistants Course in a modern 86-bed hospital located 20 miles from London, Ontario. Student enrolment 20. Excellent personnel policies. Salary commensurate with education and experience.

Apply to:

DIRECTOR OF NURSING,
Strathroy Middlesex General Hospital,
Strathroy, Ontario.

THE McKELLAR GENERAL HOSPITAL

SCHOOL OF NURSING

will require the following instructors in the summer of 1963:

(1) Basic Nursing Instructor
(1) Surgical Nursing Instructor
(1) Medical Nursing Instructor
(1) Medical-Surgical Instructor

Salary scale is good and so are the Personnel Policies.

Apply to:

DIRECTOR OF NURSING
McKELLAR GENERAL HOSPITAL
FORT WILLIAM, ONTARIO.

NOVA SCOTIA SANATORIUM

KENTVILLE, N.S.

Offers to Graduate Nurses a Three-Month Course in *Tuberculosis Nursing*, including Immunology, Prevention, Medical and Surgical Treatment.

1. **Full series of lectures by Medical and Surgical staff.**
2. **Demonstrations and Clinics.**
3. **Full maintenance, salary and all staff privileges.**

For information apply to:

DIRECTOR OF NURSING
NOVA SCOTIA SANATORIUM
KENTVILLE, N.S.

MONTREAL NEUROLOGICAL INSTITUTE

McGILL UNIVERSITY

Graduate Course in

1) Neurological and Neurosurgical Nursing
2) Operating Room Technique

CLASSES: Mar. 1 and Sept. 1

Students may live in or out

POSITIONS AVAILABLE

General Staff Nurses
(including operating room)

For further information apply:

DIRECTOR OF NURSING
3801 UNIVERSITY STREET
MONTREAL 2, QUE.

QUEEN ELIZABETH HOSPITAL

OF MONTREAL

Positions available for Registered Nurses, general duty in a recently enlarged and modernized 273-bed General Hospital in residential area. Progressive Patient Care currently in effect with intensive intermediate and self-care units established. Positions available also in Obstetrical Department. Salaries and policies are in accordance with the recommendations of the Association of Nurses of the Province of Quebec. Differential paid for permanent evening and night duty. For further information

please make appointment or write to:

DIRECTOR OF NURSING,
Queen Elizabeth Hospital of Montreal,
2100 Marlowe Ave., Montreal 28, Que.

CHILDREN'S HOSPITAL OF WASHINGTON, D.C.

OFFERS

Registered Nurses a 16-wk. supplementary program in pediatric nursing. Admission dates, January 2, May 7, September 4, 1962; January 7, 1963.

For complete information write to:

DIRECTOR OF NURSING
2125 - 13th STREET, N.W.,
WASHINGTON 9, D.C.

WOODSTOCK GENERAL HOSPITAL

REQUIRES

TWO GENERAL STAFF NURSES

for

OPERATING ROOM

Preferably with experience

For further information write:

DIRECTOR OF NURSING
WOODSTOCK GENERAL HOSPITAL
WOODSTOCK, ONTARIO.

"Summer Time is Sports Time" at the Lakehead

The McKellar General Hospital wants Registered Nurses and is willing to prepay costs of transportation for those nurses remaining on staff for one year. Basic salary for Registered Nurses — $325 per month. Good residence accommodation is available. "The Hospital and the Community are friendly."

Apply to:

DIRECTOR OF NURSING
McKELLAR GENERAL HOSPITAL
FORT WILLIAM, ONTARIO.

EDUCATIONAL OPPORTUNITIES

DALHOUSIE UNIVERSITY

School of Nursing

Degree Course in Basic Professional Nursing

Candidates for the degree of Bachelor of Nursing are required to complete 2 years of university work before entering the clinical field, and one year of university work following the basic clinical period of 30 months. On completion of the course the student receives the **Degree** of Bachelor of Nursing and the **Professional Diploma** in either Teaching in Schools of Nursing or Public Health Nursing.

Degree Course for Graduate Nurses

Graduate nurses who wish to obtain the degree of Bachelor of Nursing are required to complete the three years of university work.

Diploma Courses for Graduate Nurses

(a) Public Health Nursing
(b) Teaching in Schools of Nursing
(c) Nursing Service Administration

For further information apply to:

DIRECTOR, SCHOOL OF NURSING
DALHOUSIE UNIVERSITY, HALIFAX, N.S.

UNIVERSITY OF SASKATCHEWAN

SCHOOL OF NURSING

in cooperation with

UNIVERSITY HOSPITAL

PROGRAMS FOR GRADUATE NURSES

Teaching and Supervision. **To prepare for positions in teaching and supervision in Schools of Nursing.**

Public Health Nursing. **To prepare for staff positions in all types of public health nursing agencies.**

Administration of Hospital Nursing Service. **To prepare for head nurse, supervisor or matron positions in large or small hospitals.**

Credits earned may be applied toward the degree of Bachelor of Science in Nursing.

PROGRAMS FOR HIGH SCHOOL GRADUATES

Bachelor of Science in Nursing. **Students with senior matriculation may enroll in a combined academic and professional program.**

Diploma in Nursing. **The School also conducts a three-year hospital program.**

For further information apply to:

DIRECTOR, SCHOOL OF NURSING,
UNIVERSITY OF SASKATCHEWAN,
SASKATOON, SASKATCHEWAN

UNIVERSITY OF BRITISH COLUMBIA

School of Nursing

DEGREE COURSE IN BASIC NURSING

DEGREE COURSE FOR GRADUATE NURSES

Both of these courses lead to the B.S.N. degree. Graduates are prepared for public health as well as hospital nursing positions.

DIPLOMA COURSES FOR GRADUATE NURSES

1. **Public Health Nursing.**
2. **Administration of Hospital Nursing Units.**

For information write to:

The Director, SCHOOL OF NURSING
UNIVERSITY OF B.C.,
VANCOUVER 8, B.C.

THE WINNIPEG GENERAL HOSPITAL

Offers the following opportunity for advanced preparation to qualified Registered Graduate Nurses:

A six month Clinical Course

in

Operating Room Principles and Advanced Practice.

The course commences in September of each year. Maintenance is provided, and a reasonable stipend is given each month. Enrolment is limited to a maximum of ten students.

For further information please write to:

THE DIRECTOR OF NURSING

700 William Avenue, Winnipeg 2.

WILLS EYE HOSPITAL

Philadelphia, Penna.

The largest eye hospital in the United States offers a six-month course in *Nursing care of the Eye* to *Graduates of Accredited Nursing Schools*, Operating Room Training is scheduled in the course.

- **Full maintenance and a stipend of $237 per month for the first three months, $247 per month for the last three months, plus maintenance.**
- ***Registration Fee is* $20**
- **Course starts *September 16th* & *March 16th*. Ophthalmic Nurses in great demand for hospital eye departments, operating rooms & ophthalmologist's offices.**

For information write to:

Director of Nurses,
WILLS EYE HOSPITAL,
1601 Spring Garden Street,
Philadelphia 30, Penna.

ROYAL VICTORIA HOSPITAL

SCHOOL OF NURSING

MONTREAL, QUEBEC

Postgraduate Courses

1. (a) Six month clinical course in Obstetrical Nursing.

 Classes—September and February.

 (b) Two month clinical course in Gynecological Nursing.

 Classes following the six month course in Obstetrical Nursing.

 (c) Eight week course in Care of the Premature Infant.

2. Six month course in Operating Room Technique and Management.

 Classes—September and March.

3. Six month course in Therapy and Practice in Psychiatric Nursing.

 Classes—September and March.

For information and details of the courses, apply to:—

Director of Nursing,
Royal Victoria Hospital
Montreal, P.Q.

CLINICAL COURSE IN PSYCHIATRIC NURSING

offered by

THE MENTAL HEALTH SERVICES, BRITISH COLUMBIA

to

NURSES ELIGIBLE FOR B.C. REGSITRATION

- Admission: February and October
- Six month program of instruction and practice
- Reasonable monthly stipend
- Room and meals at nominal rates

For further information please write to:

ASSOCIATE DIRECTOR, DEPARTMENT OF NURSING EDUCATION
ESSONDALE, B.C.

MONTREAL CHILDREN'S HOSPITAL

Offers a 6-month Postgraduate Course in Nursing of Children — commencing September 3rd, 1963.

This Course is designed for Graduate Nurses with a minimum of 1 year's experience in Pediatric Nursing.

Apply to:

Director of Nursing
MONTREAL CHILDREN'S HOSPITAL
2300 Tupper Street, Montreal 25, P.Q.

McMASTER UNIVERSITY

DEGREE COURSE IN BASIC NURSING (B.Sc.N.)

A **Four-Year Course** which prepares students for all branches of community and hospital nursing practice and leads to the degree, Bachelor of Science in Nursing (B.Sc.N.). It includes studies in the humanities, basic sciences and nursing. Bursaries, loans and scholarships are available.

For additional information, write to:

SCHOOL OF NURSING
McMASTER UNIVERSITY, HAMILTON, ONTARIO

POST GRADUATE PSYCHIATRIC NURSING COURSE

offered at

HOSPITAL FOR MENTAL DISEASES, BRANDON, MAN.

Applicant must be a Registered Nurse — Admission: September of each year — Nine month course in Theory and Practice — Salary during course - $250.00 per month.

For information and details of the course, apply to:

THE DIRECTOR OF NURSING, HOSPITAL FOR MENTAL DISEASES,
BRANDON, MAN.

INDEX TO ADVERTISERS

JUNE 1963

COMMERCIAL

Alconox Inc. 516
Ames Co. of Canada Ltd. 522
C. R. Bard Inc. 515
Baxter Laboratories of Canada Ltd. 524, 525
Becton, Dickinson & Co. Canada Ltd. 529
Bland & Co. 512
Calmic Ltd. 521
Canadian Tampax Corp. Ltd. 520
Cash's Names 514
Dept. of National Defense Canada's Armed Forces 523
Thomas Gill Soap Co. Inc. 565
Charles E. Frosst & Co. 600
G. T. Fulford & Co. Inc. 528
The "IT" Co. Ltd. 509
"JO" & Buckhern Guest Ranches Ltd., Alberta 566
Knox Gelatine (Canada) Ltd. 519
Lakeside Laboratories (Canada) Ltd. 511
Thomas Leeming & Co. Inc. 505
Lewis-Howe Co. (Tums) 562
J. B. Lippincott Co. Cover IV
Nestle (Canada) Ltd. 513, 517
Parke, Davis & Co. Ltd. 526, 527
Reeves Co. Inc. 563
Resinol Chemical Co. 562
Sterilon of Canada Ltd. 518
Swift Canadian Co. Ltd. 530
Tilley's Ltd. 564
Uniforms Reg'd. Cover III
White Sister Uniform Inc. Cover II

PROFESSIONAL

Alberta 580, 567
Bermuda 574
British Columbia 568, 580
Children's Hospital of Washington, D.C. 595
Dalhousie University 596
Dept. of National Health and Welfare, Ottawa 569
Hospital for Mental Diseases, Brandon, Manitoba 598
The Hospital for Sick Children, Toronto 571, 575
Humber Memorial Hospital, Weston 583
Institut Albert-Prévost 566
Jewish General Hospital Montreal 585
McMaster University 598
Manitoba 568, 580
The Mental Health Services, B.C. 598
Montreal Children's Hospital 598
Montreal Neurological Institute 595
Newfoundland 570
N. Y. Polyclinic Medical School and Hospital 577
Nova Scotia 570
Nova Scotia Sanatorium 595
Ontario 570
Oshawa General Hospital 583
Public Service Commission, Regina 579
Quebec 574
Royal Victoria Hospital 597
Saskatchewan 574
South Peel Hospital, Cooksville, Ontario 579
Toronto General Hospital 577
U.S.A. 576, 581
University of British Columbia 596
University of Saskatchewan 596
The Vancouver General Hospital 573
Will Eye Hospital, Philadelphia 597
The Winnipeg General Hospital 597, 585

Classified advertisements are listed alphabetically

* * *

Advertising Representatives: W. F. L. Edwards & Co. Ltd., 20 Eglinton Ave. E., Toronto 12, Ont.
Richard P. Wilson, 1 West Lancaster Avenue, Ardmore, Penna.

Address advertising enquiries to:
Advertising Manager, Ruth H. Baumel, The Canadian Nurse Journal

1522 Sherbrooke Street West, Montreal 25, Quebec

Member of Canadian Circulations Audit Board Inc.

For HOME, OFFICE or HOSPITAL use...

ONE-STEP PREP





with

FLEET ENEMA
BRAND

single dose

disposable unit

An efficient, economically-priced, safe enema requiring far less time than outmoded procedures, FLEET ENEMA avoids the ordeal of injecting large quantities of fluid into the bowel.

Just one second of prep time needed . . . with the modern FLEET ENEMA! Once the full-length protective cover has been removed and the prelubricated 2-inch rectal tube has been inserted, simple manual pressure does the rest. And after the enema — no scrubbing, no sterilization, no setting up for re-use. The complete FLEET ENEMA unit is simply discarded!

Left colon catharsis can be achieved in two to five minutes without causing pain or spasm, while affording the same cleansing efficacy as the usual enema of one or two pints. Reverse flow and leakage are prevented and a comfortable flow rate assured by the construction of the anatomically correct plastic tube.

Each Single-Dose Disposable Unit contains, in each 100 cc.:

Sodium acid phosphate USP	16 G.
Sodium phosphate USP	6 G.

Plastic "squeeze-bottles" of 4½ fluid ounces, with prelubricated tip.

QUALITY PHARMACEUTICALS
Charles E. Frosst & Co.
MONTREAL CANADA
Canadian-owned and operated · Founded 1899

Introducing the "SHIFT" in fabulous STRETCH N' WEAR poplin





Style 802
about $11.98

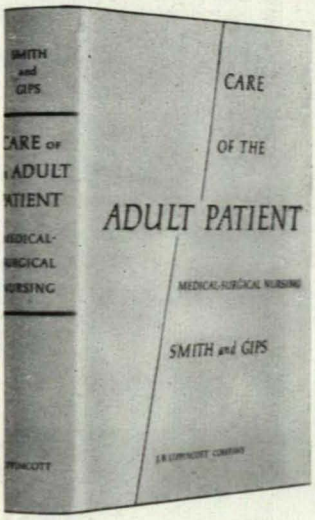
AN EXCITING NEW
KENDALL® Fabric
EXCLUSIVE IN CANADA
WITH

UNIFORMS REGISTERED of Toronto

778 KING STREET WEST • TORONTO 2B, ONTARIO

AT BETTER STORES EVERYWHERE • WRITE FOR CATALOGUE

A COMPLETELY NEW LIPPINCOTT TEXT . . .



CARE OF THE **ADULT PATIENT:**

MEDICAL–SURGICAL NURSING

By DOROTHY SMITH, R.N., M.A., Ed.D., Chairman, Department of Medical-Surgical Nursing, College of Nursing, Rutgers; and CLAUDIA GIPS, R.N., M.A., Ed.D., Formerly Chairman of the Associate Degree Program, College of Nursing, Rutgers.

. . . for medical-surgical nursing in which content is restricted to what is directly or indirectly relevant to the essential theme — nursing. Its 1,350 pages of sheer readability reveal the authors' two guiding characteristics: a constant emphasis on the patient as well as a never-lagging attention to the student's needs. The result is motivation, depth, assurance and, eventually, professional action.

It introduces the student to the care of individual patients through an understanding of concepts of adult development, as age, occupation and other factors in the life situation affect patient needs. Further stage-setting takes place in a second unit supplying general considerations and presenting the philosophy of rehabilitation that pervades the book. Eight more units cover common health problems; these are in groupings and in detail which facilitate integration of supportive therapies and sciences. The final chapter considers world health problems.

The actual handling of the chapters is intriguing. Fifty-seven consultants helped to insure accuracy, modernity, comprehensiveness. Over 350 pictures and dozens of care studies were developed on the basis of their *usefulness*. Stimulation to learning, as a *secondary* purpose also is well served by these as well as by a friendly writing style.

Write for a descriptive 16 page brochure. One has been reserved for your school. The text will be ready mid-summer. Probably $10.80.

J. B. LIPPINCOTT COMPANY OF CANADA LTD.

4865 Western Avenue, Montreal 6, P.Q.

Please send me the following:

☐ **CARE OF THE ADULT PATIENT** **About $10.80**

NAME

ADDRESS CITY and PROV.

☐ Payment Enclosed *Lippincott* ☑ Charge

CNJ663